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Physics and Faith

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There is no man so wretched as to be without faith, even if it be only a faith in the oldest of all the gods, the god of Luck, whose name the professors of physics have changed to "Statistical Probability." Faith can still move mountains. Physics cannot move an atom, but it can express the operation in a set of differential equations or a tensor.

Let us see whether the two are not really one. Our own apostle's definition of Faith is too well known to require statement: more than fifty years ago Claude Bernard told us that there is in reality only one physics, one chemistry and one general mechanics, into which all the phenomenal manifestations of nature enter, those of living as well as of non-living matter.

Each of these protagonists has built up for itself a grandiloquent system, but the two have never been independent of each other. The cosmogony of the day has always been incorporated into the religion of the day as an integral part of it. The religion of the day has influenced the fashion of scientific research. There are many sincere Christians who do not believe that the universe was created in the year 4004 before Christ, or that God put the fossils into the rocks ready made in order to try the faith of the devout. There are, also, modern scientists, like Sir Oliver Lodge, who do not believe that science can explain everything in the larger world.

Faith looks down into the human heart and professes to find God there. Physics looks up into the heavens with eyes a thousand-fold fortified, and there seeks him; or into the dust of the dust of the earth on the same endless quest. Alas, for the unbridgeable gulf that is fixed between the human consciousness and the outside world, if indeed there be an outside world at all. Yet both of our great tyrants believe that they can achieve finality, each in its own way. Each has woven a glorious fabric of near intolerable beauty, of a profound depth of colour, fit to inspire awe in its own creator—the mind of man which is perhaps, not the greatest, but the only real thing in the universe. In the progress of time the two would appear to have changed sides; the mystic has almost become a materialist, tending to believe that the bodies of men are more precious than their souls, that hospitals are more urgent than churches, that the fed body houses the rich mind, that sanitation is the only salvation. The materialist of other times has become the mystic of the present; he has been heard to assert that so far from the world being wholly a material world, the world is not material at all.

Not so long ago the sun with the planets and the whole vault of heaven revolved about the earth, in a wondrous mazy motion. Men died who asserted the contrary. Later, the earth revolved about the sun, and the stars were fixed in the depths of space but no man was called upon to die a heretic's death for his belief. Now, neither of the two statements is true, for both sun and earth and stars go how they please, taking the easiest path. Even space and time have

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been abolished, each losing its identity in the other, neither having any meaning without the other, but blended together inextricably by that magic imaginary square root of minus one.

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It would be impossible to give a definite picture of the universe as it now exists. It is changing so fast that the picture of yesterday is obsolete to-day. At one moment the space-time continuum is a sphere closing in on itself, a soap-bubble expanding with incredible velocity and growing thinner and thinner as it expands to the bursting point; again it is a cylinder open at both ends like a stove-pipe; now it is a cone starting from a point and extending to infinity, a gigantic Gabriel's trumpet. Innumerable such analogies are offered to explain the incomprehensible.

As one consequence of the expanding universe, we must believe that all the stars in the sky are receding from us, the more distant ones with the greater velocity; and this would be the case with an observer placed in any part of the universe; as if the millions of millions of stars, of globular nebulae, of extra-galactic island universes, of colossal clouds of star dust which here and there obscure the heavens were fleeing from the face of us god-men who have chosen this earth for our habitation; perhaps the only spot in all that terrific agglomeration of matter where organic life, to say nothing of reasoning mind, has found a precarious and ephemeral lodgement.

And as they recede, piling millions of light years upon millions of light years in their distances, they lose mass by radiation (our own little sun loses 250 millions of tons every minute), until in the end they shall have disappeared not only from our view, but from actual existence, like the baseless fabric of a vision, leaving not a wrack behind, except a vague thing, known as radiation, to fill a perfectly vacant nothingness that once was a universe. Truly a notable and iridescent bubble. Never blown before, never to be blown again. For time as well as space and matter shall be no more. There shall be no "now" and no "never" for ever and evermore. No "here" and no "there" anywhere. Everywhere nothing; for we have smashed this lovely world with our ruthless fist. But, really, in our hearts we shall build it again.

Faith has always been concerned with the beginnings of things — creation, as well as with the last things — eschatology. Physics merely sets the beginning farther back and the end farther forward.

But observe the faith which we all have in the conclusions of physics. It does not occur to any of us to doubt their sincerity. We believe because we do not understand. These conclusions are matters of commonplace knowledge to us all. The daily press records them with unerring accuracy; we require no other text-book of science, no other compendium of faith. There are only a few mathematicians in the world who are competent to deal with all branches of that science. They are their own severest critics.

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With infinite toil and devotion the bounds of physical knowledge are being pushed out into the realm of the infinite.

Our newest Fellow of the Royal Society has laboured for thirty years in one small field of inquiry. These devotees seek for no reward but the discovery of the truth, or rather some newer approximation to the truth. They all follow their light with a Teresian ardour, nay, almost a fanaticism of faith.

We may well inquire what is to be the end of this imposing structure which we have built up in the

modern mechanical age. It has been the experience of mankind that any system reaches its culmination sooner or later, and then is susceptible to no further improvement; enduring for many ages, honoured by a blind belief in its infallibility, an unreasoning faith in its great founders. What weary centuries it required to outline the authority of Aristotle! What if modern research is to be halted by the forced limits of mechanical improvements in lenses, and the multitude of inventions which render it ever more complex, or if mathematical analysis shall become paralyzed by its very distention, or wander vaguely into the realm of pure surmise, until a new race shall have arisen with new hopes and desires, to begin the Sisyphean labour afresh? Then may come to pass that we shall all subscribe to a new creed, which we shall recite with a profound solemnity and teach to our children. In this wise:

"I believe in Probability all-sufficing, Permitter of the universes visible and invisible; and in its one foundation stone, Professor Albert Einstein, the wonder of the world, who conceived the Theory of Relativity by the power of mathematical analysis, stated it and defended it. He verified it by his three mighty signs, the procession of the nodes of Mercury, the aberration of light, and the displacement of the lines of the spectrum; and stands at the head of the communion of physicists, where he judges of the plausibility of all theories, living or dead. I believe in Fitzgerald's transformation, Quantum Mechanics, the Finiteness of Space and Time, the reality of Imaginary Quantities, the Increase of Entropy, Cosmic Expansion, and the end of all things by the conversion of matter into radiation."

But sooner or later some new and greater Gallileo will arise who shall refute our present Ptolemy by dropping a little stone from some miraculously leaning tower, and convert that static world into a gloriously flying orb, and the cumbrous machinery of the heavens to a simplified expression of the will of God.

To the mind of the humble and simple, the fatal defect of our present magnificent fabric of the universe is that, grandiose as it is, it is yet finite in time, in extension and in mass. That it is running down; that it is to be annihilated; that it can never be restored.

But Physics will always contrive to remould the world nearer to the heart's desire.

I am speaking in a void. I suppose someone is listening in but I do not know. If there be any, he can annihiliate me and all my works, so far as he is concerned, by a mere turn of a vulcanite knob—by Relativity, that is to say. He can at the same time create a new universe for himself, a universe of melody, of comedy, of sport, of oratory. But for all that, I am conscious that I still exist. Having once existed I am immortal and must endure for all eternity, and I began with the remotest beginnings of time: rather I say I had no beginning. I am inextricably and mysteriously interwoven into the living mantle of the Godhead. Perhaps I and you, the earth, the solar system, our galactic nebula, along with the distant universes of which we are so amazingly aware, our very thoughts and aspirations all constitute but a single cell in the brain of a supreme being. Bad physics, but good faith.

We shall doubtless know more of these things than we do now; our outlook will be incredibly enlarged; we shall proceed from knowledge to knowledge, from power to power; but in the meantime we shall not be despised if we love mercy and maintain in us a humble spirit and a contrite heart. There is no conflict between Physics and Faith.

Editorial

OURSELVES

With this issue, the Executive Secretary takes what may be termed a last curtain call as Editor of the *Journal*. Usually, with the beginning of a year, one looks forward. However brief reminiscence may be recorded:

When, in 1924, the Executive Secretary was designated Editor and Business Manager by the Canadian Nurses Association to act until such time as more satisfactory arrangements could be effected, it was not anticipated that more than eight years would pass before the duties in connection with the *Journal* could be handed over to one who should give entire time to its interests. However, dreams do come true, sometimes, and now, for the first time since its publication, and as the retiring Editor issues the one hundredth and final copy under her direction, the desire and aim of the nursing profession in Canada are to be realised.

This January, 1933, should mark a turning point in nursing development in Canada and the appointment of an Editor indicates that progress toward *that* development has been made by the C.N.A. Progress is inevitable and nowhere more than in an organisation in which there is oneness of purpose as has been evidenced again and again in the National Organisation. Progress brings pleasure but it also brings regret. To the retiring Editor comes regret that progress has not been greater; that the *Journal* has not reached literary attainment comparable to desire and effort and that the circulation has not continued to increase at a rate similar to the years 1925 and 1926. Continuance of that rate would mean that now every registered nurse in good standing in the Dominion would be a subscriber, instead of which the records show that only one member in every five is supporting the *Journal* as a subscriber. The non-support revealed in subscriptions has been the frequent cause of serious questioning by the writer. It is understood that our nurses are unanimous in wishing to have a national nursing journal owned and published by the Canadian Nurses Association. Then, surely, each one should be able to afford *a bit less than four cents a week* toward an annual subscription! Due recognition is here made to those members who have continued, year after year, to remit their renewal, frequently made when experiencing financial stringency caused through unemployment and sometimes coupled with ill-health and also when effort has been put forth to obtain post-graduate education. Well may such subscribers be termed the "back bone" of local, provincial and national activities. Might it be said that non-subscribers compose the "wish-bone"—they may wish for more of this or that in reading content; for a weekly or semi-monthly issue; for a lower subscription rate, etc. Their wishes could be met if each one acknowledged her individual responsibility as a subscriber.

Also, there is regret in severing direct contact with all those who have shown their interest and given their assistance throughout the past eight years. In numerous instances, sincere friendship has been established, not only in the centres of nurse population but also in the villages and rural districts. In the main, a group whom the Editor regrets never having had the pleasure of meeting. The

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loyal and constant support of this group is anticipated for the Editor-elect as she enters on her new duties.

The newly appointed Editor is receiving many messages of welcome upon her return to her homeland. Throughout her sojourning abroad, she has retained an understanding interest in and appreciation of the work being developed at the National Office of the Canadian Nurses Association and from no one is there more sincerity of welcome than from the Executive Secretary. The *Journal* passes to the direction of one who wields an able pen and possesses ability and energy unlimited, enriched by varied and valuable experience.

It would be a sense of satisfaction and pride to the retiring Editor and Business Manager if she had been able to present her successor with a subscription list showing 75%, instead of 20%, of members as subscribers. Is it too much to ask, in spite of hard times, that there be made through concerted action in each province a canvas which would result in at least 1,000 new subscriptions being received before July 1st next? It could be done. It would be a welcome in the most tangible form to the new Editor, as well as the best way in which members of the C.N.A. could acknowledge to the retiring officer that they consider "the line has been held" as satisfactorily as has been possible under existing circumstances for the past eight years.

JEAN WILSON.

THE CANADIAN NURSES ASSOCIATION

NEW YEAR'S GREETINGS TO ALL MEMBERS of the Canadian Nurses Association and readers of the *Journal* from the staff at the National Office.

Headquarters' staff regrets being unable to acknowledge by letter the many individual good wishes received during the closing weeks of last year. Moving time is always an upsetting time and when comparison is made between the small amount of furniture and equipment with which the National Office was opened and that which now belongs to the Association, amazement can be recorded. Finding a place for all material in the new headquarters will require time; in fact, as the New Year is entered, activities at the National Office are in a state tantamount to re-organisation and will continue so for at least the next six months. Much that should have been done had to be shelved in the interests of the *Journal*. Plans formulated in the beginning must be discarded or modified as years of experience have revealed the inadvisability of retaining certain methods and procedures.

One need only consult the Minutes of Executive Committee Meetings to form an idea of the numerous ways in which the National Office should be prepared to carry out the programme and policies of the Executive; also to assist in the clerical and stenographic work arising from the activities of the Special Committees and the Sections. Correspondence demands constant attention and study. From this are obtained ideas in relationship to the varied needs and problems of the Association, the individual member and the public.

The strictest economy is exercised always at headquarters—in time as well as in finance. In fact, if there had not been an adherence to a strict "time budget" the National Office could not have functioned as it has done to the present time. It is recognised that these economies must be practised always. At the same time, a national headquarters, representative of a

professional body of women should maintain an atmosphere and appearance commensurate with the traditions, history and objectives of that profession. This, it is understood, is the desire of the Canadian Nurses Association.

The New Year is entered with pleasure and satisfaction that the good will of all is for development at headquarters, where it is earnestly hoped that there will continue to exist a healthy discontent toward that *status quo* as well as a congenial atmosphere among the staff whose aim is the interests of nursing and nurses: individually, provincially, nationally and internationally.

SURGERY OF THYROID

Dr. F. G. McFADDEN, Strathroy, Ontario.

Tumors of the neck are so obvious that they have attracted attention from the earliest times, and any deviation from normal, which attracts attention, always invites an effort at treatment.

Medical history reveals that so long as 2,000 years ago, Chinese physicians made use of the same drug which we find indispensable even to-day.

Surgical history shows that probably no branch of surgery was propounded so long ago as that of goitre. Assuredly none has required the contributions of so many brilliant surgeons and physiologists for the solution of its many problems of management and operative technique, so that the patient is operated on with safety and restored to approximately normal health. Development of the operative technique preceded that of management because the anatomy of the thyroid gland was an open book compared to its physiology, which had to depend on the development of the science of biological chemistry.

The earliest record of operation on goitre was left by the Arabian surgeon, Albucasis, who operated in one of the three hospitals in the magic city of Bagdad 993 years ago. Incidentally, this recalls that surgery was developed in its early stages wholly by Orientals and to them we owe a real debt; to none more than the Hebrew physicians whose racial traits insisted on separating the useful from the useless in medical practice. Their activities in this regard forced the disappearance of a lot of age-old quackery throughout the medical world.

While Albucasis left no record of his technique, we may safely presume that he used one or other or a combination of all of the three methods at his disposal—puncture of the tumor with its consequent infection and resultant suppuration; transfixion with a ligature and mass ligation with resultant sloughing; or application of caustics or the actual cautery. In his time and for centuries thereafter, tumors of the neck, as elsewhere, were thought to be spontaneous new growths having no connection with normal structures of the body.

An increasing knowledge of anatomy led to the realisation that tumors were definitely connected with the thyroid gland and thus was ushered in a more rational, anatomical attack in the attempt at cure. Of the anatomist surgeons whose case records are preserved, none deserve so supreme a tribute as that of the French surgeon, Desault, who, on May 20th, 141 years ago, did a classical dissection, with ligation of both superior thyroid arteries, both inferior arteries, complete removal of both lateral lobes and for the first time in history dissected the thyroid

(A paper read before a Quarterly Meeting of District 1, R.N.A., Ontario.)

isthmus off the trachea. The last named procedure having up until then been considered impossible, and a sure cause of death. His patient was a young lady. Her stay in hospital was thirty days, on account of infection. She was discharged as completely cured. When one considers that Desault operated without anaesthetic, without asepis, without anything like a modern artery forcep, his achievement assumes monumental proportions.

The introduction of general anaesthesia, eighty-six years ago, was an epochal event. It gave tremendous impetus to all branches of surgery. Goitre surgery profited by the deliberateness of procedure this made possible, and more accurate observation led to more success. Twenty-one years later, Lord Lister, utilising Pasteur's experiments and conclusions, adopted antisepsis and revolutionised surgery. Lister's carbolic acid spray eliminated the most dreaded factor in operating, namely, infection. The next most dreaded problem, hæmorrhage, was solved by the development of the artery forceps as we know them. They were first used sixty-two years ago and were popularised in America by that great surgeon, Halstead. Further margins of safety were soon added. Boiling of instruments began forty-six years ago and about the same time scrubbing the hands was adopted as necessary. Rubber gloves were first used in the winter of 1899-1890, and gradually sterilising the operative field by a spray of carbolic acid during the operation was superceded by the practice of having everything about the patient and operating room sterile throughout the operation. In other words, asepsis replaced antisepsis.

Of special benefit to thyroid surgery was the discovery and use of local anaesthetics. Their use eliminated much of the shock and lessened the possibilities of post-operative bronchitis and pneumonia. Their use allowed the patient to talk during the operation and thus removed the danger of injury to the recurrent laryngeal nerve. (If this nerve is injured by an artery forceps or tied in a ligature, the vocal cord is paralysed and the voice immediately becomes husky. If the offending forcep or ligature is at once removed, no permanent damage to the nerve results.) Their use also did away with the patient's dread of being unconscious.

The next addition to the thyroid surgeon's armament was the theory of anoci-association developed by Crile of Cleveland. This theory dealt with cause of shock and its prevention and treatment. Crile also taught that the giving of fluids to toxic goitre-patients should be done by hypodermoclysis. They not only got their fluids but their body cells were thus more effectively detoxified. In connection with shock, he popularised treatment by intravenous solutions and transfusion of whole blood. For his successful researches in these and other fields in the effort to protect life, Crile is justly ranked with the world's greatest surgeons.

You will recall that one of the peculiarities of ulcer of the stomach is periodic freedom from symptoms a period of distress followed by relief regardless of treatment. The same peculiarity is found in duodenal ulcer, pernicious anaemia and toxic goitre. This period of remission of symptoms in toxic goitre has for years been utilised as the safest time to operate. Obviously, the greater the freedom from symptoms the less dangerous the operation. Until the fact that an increased basal metabolism rate was always found in toxic goitre cases and that this increase paralleled the increase or decrease in toxic symptoms, the choice of time for operation remained wholly a matter of the surgeon's judg-

ment. With this knowledge, the basal metabolism rate became the accurate guide as to the safest time for operation. It tells us on first seeing the patient how sick he is; it tells us the safest moment for operating, and taken post-operatively it tells us whether the remnant of thyroid is functioning normally, excessively or subnormally. The latter information decides the post-operative type of medical care required.

The active product of the thyroid was not known until 1914 when Kendall of Mayo's Clinic isolated it and called it "thyroxin". He found that in normal healthy people its quantity in the body was constant; that in toxic goitre cases it was increased. But it remained for Plummer of the same clinic, in 1922, to prove that it was the excess of thyroxin that caused the toxic symptoms and to prove that iodine in the form of Lugol's solution would counteract that excess and bring about a maximum remission of toxic symptoms within eight to fourteen days.

Plummer's discovery meant a lot to sufferers from toxic goitre. We no longer had to wait patiently for nature to effect a remission; we could bring on an artificial one which was much more satisfactory. More satisfactory to the surgeon, as he knew it would be a maximum remission; and more satisfactory to the patient as the date of operation could be definitely fixed. The surgeon was happier because he knew he would be operating with the greatest possible safety, and the patient was relieved of the strain of an indefinite wait.

The foregoing sums up our present knowledge as to the history of surgery and physiology of the thyroid as well as something of treatment. It remains to tell you something of actual types of diseased thyroids we meet, in whom they occur, and what localities.

As you know, there are definite goitre countries, such as Switzerland. What you may not know is that we live in a goitre belt. For it is well known that in the belt of land immediately bordering the great lakes, goitre is far more prevalent than in the districts more removed from these great drainage areas.

The ages at which goitre may appear range all the way from infancy to old age. The interest in the infant's thyroid tumor rests in the fact that it is from foetal adenomas that cancer develops later in life. The thyroid condition of old age is more of interest to the medical men and it is interesting to them for the reason that it is associated with senility, and if they discover a cure they will have gone a long way in finding the secret of prolonging youth. In this connection I may say that at the present time in England, Professor Nesbit has produced a serum which he calls "Serum Alexin", which peps up the thyroid and other glands of internal secretion. He is getting remarkable results not only in rejuvenating old persons but in curing them of such diseases as advanced pulmonary tuberculosis and diabetes.

There remains but the thyroid troubles of adolescence and maturity. These divide themselves into three groups: colloid, nodular and toxic (exophthalmic goitre).

Nodular thyroids should always be removed by operation as soon as discovered. The colloid thyroids of adolescence (14 yrs. to 16 yrs.) should be treated medically for two years (i.e., if no toxic symptoms intervene). If at the end of two years they show no marked decrease in size, they should be operated upon. If they develop toxic symptoms during medical treatment, they should be operated upon. The treatment is iodine, Lugol's solution, minims 1, each

day during the alternate winter months, plus thyroid extract, grs. 1, for two weeks or four weeks.

Colloid thyroids of early middle life may be treated medically along the same lines, except during pregnancy, when a 10th gr. of iodine a week should be given routinely for nine months. Sometimes because of unsightly appearance or pressure symptoms they demand operative interference at once.

Toxic thyroids are always subject for operation no matter the age. There may or may not be a visable tumor of the neck but the symptoms are pronounced and characteristic. You are all familiar with them.

The pre-operative care of the toxic thyroid patient consists of, first, basal metabolism test, then 10-20 minims Lugol's solution, t.i.d., p.c., in milk for eight to ten days. Absolute rest physically and mentally. Fluids, 3,000 c.c., daily by mouth, hypodermoclysis, proctoclysis. High caloric diet but low in proteins. Special care of the kidneys and heart. Rest is secured at night by luminal, grs. 1½ to grs. 3. At the end of eight days, another basal metalbolism test.

On the morning of operation, it is our habit to give nembutal 884 in doses of 3 grs. twenty to thirty minutes before moving patient to the operating room. The operation is done under cervical block and skin infiltration along the line of incision. The operation is of no interest to you except that you may wonder how we arrive at the amount of tissue to leave. We excise a portion of a lobe and look for the amount of colloid. If there is little, we leave a very thin wedge of thyroid. Colloid is interpreted as a return to normal; its lack, as an evidence of hyperactivity.

The postoperative care consists in giving morphine sulphate, grs. ¼, with atrophine, grs. 1/150, as necessary for restlessness or pain. Force fluids by any method. Lugol's solution in the proctocysis until the patient is able to take it by mouth. Continuance of quiet and rest. The patient is put in the upright position with sand bags on either side of the head. If mucus in the throat be troublesome, give atrophine.

Post-operative complications are of two types: *early* hæmorrhage, infection, tetany. Hæmorrhage calls for opening the wound, searching for the bleeding point, ligating it. Transfusion with whole blood is done if the bleeding has been massive. In the less severe bleeding the blood pressure is picked up by intravenous or subcutaneous saline. Infection is rare because of the rigid aseptic technique. When it does occur, the wound is widely opened and packed with gauze and hot compresses applied. Tetany, in my cases at least, is rather frequent. It is due to temporary injury of the parathyroid glands. The treatment is: no meats, force milk, calcium lactate, grs. 20, t.i.d., and parathyroid extract, minims 5, every day until muscles stop twitching (usually two or three days) plus 200 gms. of lactose daily. *Late* myxœdema: due to too much thyroid tissue having been removed or to destruction, by infection of the portion left. Treatment is by thyroid extract alone or thyroid extract preceded by thyroxin, grs. 1½.

As the nurse usually loses contact with the thyroid patient at the end of her hospital stay, she may take for granted that that is the end of the case. I assure you that it is not. These patients are kept under observation for at least a year and, occasionally, much longer. They must take special care of themselves and need explicit guidance. I have found the following instructions to post-operative toxic thyroid patients solves most of my difficulties and gives this class of patients a good deal of confidence.

Post-Operative Instructions To Toxic Goitre Patients

The cause of your sickness was a diseased or badly functioning thyroid gland, commonly called "Goitre".

Operation removes the cause but not the effects.

Improvement from the effects is gradual. You can help yourself get well and stay well by following these instructions.

HABITS

1. Do not get tired; stop and rest.
2. Avoid mental excitement and physical strain.
3. To bed early, get up late, lie down in the afternoon.
4. Lots of fresh air. Sleep with windows open but keep warmly covered.
5. Take regular but moderate exercise.
6. Keep bowels regulated naturally by food, exercise, regular time for going to stool. For laxative use mineral oil.
7. Have heart and blood pressure examined every three to six months.

DIET

Your diet should be generous and wholesome to increase your weight. You should live principally on milk, buttermilk, cream, butter, eggs, bacon, small amounts of white meats, fish, chicken broth, bread, cereals, fresh vegetables, cooked fruits, grape fruit, fruit juices, fruit or vegetable salads with whipped cream, jellies, custards, corn starches, butter sauces, rice, fresh fruits, ice cream, cream cheese. Use only moderate amount of salt.

You should not take red meats or broths made from red meats, meat extracts, etc., nor spices, mustard, ginger, pepper, cloves, meat sauces, catsup, or horse-radish.

You should drink an extra quantity of water daily.

You should not indulge in tea, coffee, alcohol or smoking.

MEDICINES

1. You will probably need Iodine in some form for a year.
2. You may need Thyroid Gland Extract.
3. A hypnotic for wakefulness may be needed. Your family physician will prescribe one for you until you can sleep without it.

GENERAL

You will know you are improving by feeling stronger, being less nervous and gaining in weight, but a check-up by Basal Metabolism Test is most important at the end of three months to determine if any additional medical care is needed to get you as completely well as possible.

When in doubt about anything, consult your family physician or your surgeon.

The success of management of these patients depends much on the nursing care. From her first contact with the patient, the nurse can, by her confident appearance and quiet movements, intelligent direction of the patients' thoughts and above all her sympathetic attitude, do a great deal toward their recovery. Her duty calls for the highest in the art of her profession — instilling confidence, inspiring hope, and calming emotional upsets. Every surgeon places unlimited confidence in his nurses and if, at times, he lets your good work go unpraised, I would ask you to remember that employing you for his thyroid cases is in itself the highest compliment he can pay to your nursing ability.

I cannot conclude without a brief reference to prevention of goitre. Iodine should be given to all children and all adults from the ages of 8 to 20 in goitre belts. The method may vary. During school age, an effective scheme is a 1/10 gr. tablet of iodine a week for 40 weeks of the school term. For those out of school, 1/10 gr. for 20 consecutive days, spring and fall. That it is effective was proven by the statistics of Marine and Kimball. Their report in 1917, from Ohio, dealt with a total of 4,495 patients, none of whom had goitre at the time of instituting preventive iodine treatment. One group of 2,190 were given iodine and of these only five developed goitre. The remainder, numbering 2,305, were not given preventive treatment and in this group there developed 495 goitres. However, I do not wish to leave you under the impression that it is safe to entrust this medication to the patient or their parents. When iodine is given for the prevention of goitre it should always be under the intelligent direction of a competent physician or, better still, under that of a well trained and enthusiastic public health nurse.

POST GRADUATE COURSE IN MENTAL NURSING

AT THE ONTARIO HOSPITAL, WHITBY.

From time to time during recent years, there have been requests for information as to post graduate training in mental nursing and occasionally students have been given special training in certain of the Ontario hospitals. There has been no definite organisation of a course until the present year when arrangements were made to begin a twelve-months course at the Ontario Hospital at Whitby. Fifteen nurses, who are graduates of general hospitals, were admitted to this course beginning January 1st, 1932, and which will continue for twelve months.

To give the nurse a thorough grasp of the entire field of mental hygiene and mental nursing, a series of lecture courses have been arranged as well as actual experience in the wards and other departments of the Hospital. The lecture courses are as follows:

Neurology and Special Anatomy. A review of the anatomy and physiology of the central nervous system and sympathetic nervous system and some of the commoner neurological conditions. The general physiology of the body is given consideration particularly in reference to the endocrine glands.

Psychology. Emphasis in this course is placed on the factors which influence human behaviour such as heredity, environment and the emotional and instinctive life of the individual. Special attention to personality study.

Clinical Psychiatry. This is a systematic study of the psychoses and kindred conditions.

Mental Hygiene. The causes of deviations from mental health will be studied and emphasis will be laid on child guidance, parent training and those general principles which tend to aid in adapting the person to his environment.

Mental Nursing will be taught by a series of lectures, demonstrations and ward experience. The students will become familiar with the special technique such as occupational therapy, hydrotherapy and pyschotherapy during this course.

Public Health Nursing. The inter-relations of public health nursing and mental hygiene will be studied and opportunity afforded the student to observe public health nursing in certain urban centres and in the work of the mental health clinic. Special attention will be given to extramural psychiatry and psychiatric social service.

Ward Clinics will be held twice a week for forty weeks where individual patients and their illness will be thoroughly discussed and demonstrated.

Seminars. These will be held once a week for informal discussion. The students will be encouraged to discuss freely with the director any problems which may arise.

Medical Staff Conferences. These are held every morning at 9 a.m. and students on duty in the Reception Services will be privileged to attend these conferences and listen to the presentation of cases and the discussion which follows.

Reading Course. A textbook on mental nursing is required and reading of special value to nurses will be advised and the medical library will be open to the group. Articles in medical journals and books dealing with psychiatric problems will be reviewed from time to time.

Special Lectures. Lectures will be given throughout the year by specialists in psychiatry and mental hygiene and allied fields to

bring to the students broader knowledge of inter-relations with psychiatry, general medicine and related subjects.

Practical experience will consist of nine months on ward duty, the student rotating through the various services, namely, reception service, infirmary service, acute service, continued treatment service and convalescent service. During one month on ward duty the student will be assigned as a special nurse to one or two patients. The remaining three months of the course will be divided as follows: One month in the Occupational Therapy Department to enable the nurse to become thoroughly familiar with practical applications of this form of treatment. One month with the Mental Health Clinic which visits the various centres in the district served by the hospital for the study of early and incipient cases and for follow-up work with patients who have been discharged from hospital. One month will be devoted to special work, namely two weeks at the Ontario Hospital, Orillia, for the study of the care and treatment of persons suffering from mental deficiency; one week observing public health nursing in urban communities and one week observing the work done in the courts, schools and special institutions.

M. E. F.

UNDERGRADUATE COURSE IN MENTAL HYGIENE AND PSYCHIATRIC NURSING

AT THE TORONTO PSYCHIATRIC HOSPITAL.

This is a psychiatric clinic with accommodation for 60 in-patients (30 male and 30 female) and an Out-Patient and Social Service Department. It is chiefly for purposes of observation, diagnosis and placement of all types of mental disease except mental defectives, epileptics, seniles, alcoholic and drug habituates; and for the treatment of mild and early cases of mental disease; also for psychiatric examination relative to the legal charge of cases referred from the courts. There is a very active Out-Patient Department for the examination of referred cases, including children. During 1931, there were 800 in-patient admissions and 1,000 out-patient admissions.

The clinic is a medical undergraduate and post-graduate teaching centre in psychiatry, the medical director, Dr. C. B. Farrar, being professor of psychiatry in the University of Toronto.

Referring to the nursing service: since its opening in December, 1925, until October, 1931, the clinic was staffed by graduate nurses, chiefly from mental hospitals. In October, 1931, an affiliation was arranged with five of the general hospitals of the city, whereby a limited number of student nurses have three months' experience in psychiatric nursing. The staff at present consists of:

Supervising nurses	5
General duty nurses	16
Student nurses	9
Attendants	5

Undergraduate Course

The course is optional with the students who take it. They are in their senior year. The number of class hours is somewhat limited by the fact that the students carry all their regular classwork at their own schools while taking this course. A brief outline of the course is as follows:

Practical Experience

Male service	4 weeks
Female service	5 weeks
Occupational therapy department	1 week
Out-patient department	2 weeks

Including: observation of psychological examination (adults and children); observation of psychiatric examination; visits with social worker to hospital and homes, and to various social agencies — vocational school, court, etc., and attendance at clinics and conferences.

Theoretical Instruction

Mental hygiene and psychiatry	20 hours
Mental nursing	18 hours
Ward clinics	12 hours
Medical conferences	4 hours
Demonstrations of nursing procedures	6 hours
Individual conferences (discussions of case study, etc.)	2 hours
	62 hours

One full case study is made during the course. This is led up to by two shorter studies: a "Behavior Study" and a "Mental Status Study," which somewhat familiarize the student with the new type of symptoms and the new nomenclature involved, before the complete study is undertaken.

An examination is held at the end of three months' course.

N. F.

(Read before the Nursing Education Section, Registered Nurses Association of Ontario Annual Meeting, March 31, April 1, 2, 1932.)

A CASE STUDY: HIRSCHSPRUNG'S DISEASE

By JEAN ROBERTSON, Vancouver General Hospital, Class 1934, Vancouver, B.C.

Harry is eight years old and comes fourth of a family of six. His parents are both living and have practically no income but keep a small farm. He has had about one month of schooling. Although his parents seem very devoted to him he seldom speaks of his home life.

Harry is the only member of his family with an enlarged abdomen and has had this complaint since birth but more noticeably after the first year. He has two other congenital abnormalities, a hare lip and a huge pigmented mole on the abdomen. He has gone as long as nine days without a bowel movement. Enemas alone would cause a stool.

Other than this complaint, he has been in fairly good health up until about one year ago when his extremities became very emaciated. He was admitted to the Royal Columbian Hospital where he was treated with enemas. Some improvement was also obtained by the use of Nujol. He was discharged and taken home to regain strength. About four months ago, he was admitted to the Royal Columbian Hospital again for repair of hare lip. Shortly afterwards he was again re-admitted with the intention of performing a bowel resection but it was decided that this measure would only be taken in the case of an emergency.

Under Doctors Henry and McLachlan, Harry was admitted to the Vancouver General Hospital on April 20th. He appeared quite well nourished with a very erect posture and a very distended abdomen.

An opaque enema showed his bowel to be about five inches in diameter in places and scarcely distinguishable one part from another. Magnesium sulphate enemas were administered with rather drastic results. Absorption took place very rapidly and within a short time Harry was a typical picture of toxaemia. He was placed on the seriously ill list on April 24th. A rectal tube was inserted and large quantities of thick dark yellowish fluid were withdrawn. Interstitials were resorted to for nourishment. Daily s.s. enemas were given with a steady improvement in condition. These enemas were siphoned off with varying results. Sometimes less than half was recovered.

A spinal anaesthetic was given with no beneficial results.

(Continued on page 30)

THE STANDING COMMITTEE ON CURRICULUM MEETS

The Standing Committee on Curriculum, which was appointed by the Nursing Education Section, Canadian Nurses Association, following the last general meeting, held its organisation meeting in Montreal on December 6, 1932.

The purpose of this Committee is to undertake the construction of a basic curriculum for schools of nursing in Canada.

The Committee has been granted wide powers in organisation and function, reporting progress periodically to the Executive of the Nursing Education Section, C.N.A., and to *The Canadian Nurse.*

At the first meeting, all members of the Committee were present: Miss Jean Gunn, Superintendent of Nurses, Toronto General Hospital; Miss Constance Brewster, Assistant Superintendent of Nurses, Hamilton General Hospital; Miss Ethel Sharpe, Instructor of Nurses, Royal Victoria Hospital, Montreal; Sister Allard, Directrice of Nurses, Hotel Dieu, Montreal; Sister Augustine, Directrice of Nurses, St. Jean de Dieu, Montreal; Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Convener; Miss E. Frances Upton, Secretary of the Nursing Education Section, C.N.A., acting as Secretary for the Committee.

The agenda prepared for this meeting was definitely planned to consider fundamental factors relating to policy, organisation, and procedure in the whole undertaking, and involved the following considerations:

Defining the specific purpose, and justification, at this particular time, in undertaking the construction of a curriculum for schools of nursing in Canada.

The question of enlarging the Committee.

The plan of organisation—to secure the greatest interest and co-operation of all professional members and groups.

The general method of procedure, and more detailed plans to take care of the work in its beginning stage.

The assignment of responsibility and correlation of work within the Committee.

The method of reporting progress to the Convener, Nursing Education Section, C.N.A., and *The Canadian Nurse.*

The question of expense.

It is the wish of the Committee that the important issues and decisions which evolved from the distions be stated in *The Canadian Nurse,* in order that all members may be acquainted with the purpose and general scheme of work of this new committeee.

The personnel of the Committee was enlarged to include representation from all the graduate fields of nursing service, namely: Public Health, Private Duty, Nursing Education; since it is from these three main sources that data may be secured relating to nursing activities after graduation and for which the undergraduate curriculum should lay a foundation of preparation. Representation from the field of professional education was also considered necessary. The complete personnel of the Committee will appear in a later issue.

In order that every province in Canada and every section of the C.N.A. be afforded opportunity to participate in the building of a curriculum, two plans of organisation were presented for discussion: (1)

The work to be extended through all sections: Public Health, Private Duty, Nursing Education, working separately, or (2) Through a sub-committee in each province, the personnel of which should be carefully selected. The latter plan of organisation was adopted, subject to the following provisions:—

1. The president of each provincial association to be convener of each respective provincial sub-committee.

2. The conveners of the three provincial sections to be appointed to the sub-committee.

3. The convener to have full power to add further to the sub-committee in order to secure a strong provincial group.

The National Committee wishes to have it clearly understood, that at any time that it may see the need to change or modify the pattern of organisation, it will do so, in the effort to secure particular or specific results.

It is the opinion of the Committee that the above plan of organisation could best take care of the situation during the analysis period of the project, when facts and opinions will be asked from the different provincial groups. But, at a later date when necessary data has been secured, then the Committee may see fit to re-organise in terms of "subject" groups dealing with particular teaching units, to be convened by members who are actively engaged in classroom and clinical teaching, in schools of nursing, and who are as far as possible specialists in their particular fields of instruction.

The Report of the Survey of Nursing Education in Canada interprets a great deal of valuable data. It reveals trends, and discovers defects. Its discussion of methods of procedure and its recommendations regarding the building of a curriculum have pointed the way for a more detailed study. Therefore, the Committee is able to undertake the work on a much more constructive basis, than would otherwise be possible. Findings, stated in the Report will be fully utilised, and the Committee decided that assignments to the different provincial sub-committees will include a critical study of recommendations with regard to their applicability to the local situation. The results of such study will be considered and evaluated in the construction of a curriculum for general use.

This plan of procedure suggests an active and detailed study of specific parts of the Report, and definite suggestions will be made in this connection, in the correspondence to the presidents of provincial associations.

As supplementary to the securing of provincial data from organised groups, it was deemed advisable to secure curricula from recognised schools of nursing throughout Canada in order to determine what better schools are actually doing under existing conditions, and what educational adjustments seem most generally needed to reach the desired objective.

It is of importance to know that at this particular time the Committee of Education, International Council of Nurses, is attempting to extend activities in connection with the completion of a curriculum which will have the approval of the International Council of Nurses. Any responsibility which may be assigned by the Chairman of the Nursing Education Section, C.N.A., in regard to the International Curriculum, which may promote the work of the Committee in Canada, or which may be of assistance to the International Committee, will be given careful consideration.

The question of probable expense was discussed. While it was fully recognised and appreciated by all members that unnecessary expense must be carefully avoided, it was

emphasized that the appropriation from the Nursing Education Section might not be sufficient to carry through constructive work to completion, and that this possibility should be stated now.

Letters relating to provincial organisation are being sent out, and it is earnestly hoped that all provincial groups will co-operate fully.

The need for an optimal basic curriculum challenges all members of the Canadian Nurses Association. Those who attended the spirited sessions of the Saint John meeting have no question in their minds as to the opinion and conviction of the most thoughtful leaders. Certain administration and teaching adjustments can be made now which would greatly improve the quality of education in the hospital nursing school.

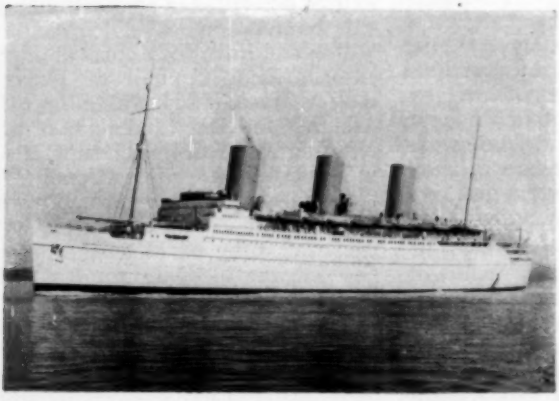
It must be accepted that, for some time to come, schools of nursing will continue to be maintained by hospitals, and nursing education will continue to be retarded by the pressure of hospital nursing service. The securing of public recognition and financial independence for nursing education will not be an accomplishment of the immediate future. But, in the meantime, we cannot sit down and wait for better days. Recognised professional status can only be achieved by continued and increasing effort all along the way, and what is done now and the efforts which are put forth in the next few years will determine in large measure the success in achieving the ultimate objective in nursing education.

It is not only immediate adjustments which the Committee plans to emphasize, but it further hopes to work out a curriculum sufficiently broad to provide for future progress in a changing social order. This undertaking obviously cannot be the responsibility of committee members only. Every member of the C.N.A. should identify herself with this project, and assume a personal and professional responsibility in co-operative endeavour to improve Nursing Education in Canada.

On behalf of the Committee the above report is respectfully submitted.

(Signed)

MARION LINDEBURGH,
Convener, Standing Committee on Curriculum, Nursing Education Section, Canadian Nurses Association.



S.S. Empress of Britain

A RECENT GIFT FOR A NURSING SCHOOL

A generous gift from the Rockefeller Foundation makes possible the re-organisation of the work now being done in the Department of Public Health Nursing of the University of Toronto and also of the courses for hospital staff nurses which are being offered at present by the Department of Extension in the same University. The work (i.e., courses for nurses) of these two Departments will now be brought together in a School of Nursing in which both undergraduate and graduate courses will be offered.

The new school will be housed in the building at No. 7 Queen's Park which up to last year was used as a women's residence of University College. The Government is having this building renovated so that it will provide accommodation for both teaching and residential purposes.

One special responsibility that has been undertaken is to provide a direct and straight-forward training for public health nursing. Preliminary studies on this matter are leading to the conclusion that it will be possible to arrange one general practitioner's course in nursing that will fit the nurse for general duty (i.e., the junior posts) in both hospital nursing and public health nursing. It is hoped that the content of such a course may be simplified so that it will be reasonably short in length (i.e., three years). The School is not interesting itself in especially lengthy or expensive forms of training but wishes rather to make a special study of what might be called the primary stage of nursing education.

Plans are being made to continue for a time to offer the present one-year courses for graduate nurses who wish to prepare in this manner for public health nursing or for hospital staff work. Later, as some of the content of these so-called post-graduate courses finds itself in the undergraduate's course, true post-graduate work will be inaugurated.

The new school is arranging for close affiliation with the nursing schools of several of the Toronto hospitals so that its pupils may have the fullest opportunity for training in bedside nursing. Other affiliations with local and provincial public health organizations will give opportunity for training in district work. The difference between this school and other schools for nurses is that this one will be independent financially. Working on this basis, it may be found possible to give more direct consideration to the pupil nurse and the needs of her training. With special resources for its work, the school hopes to be able to help toward the solution of some of the most pressing problems that have accumulated around our nursing schools in their very rapid growth of the last few years.

E. K. R.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss MILDRED REID, Nurses' Residence, Winnipeg General Hospital, Winnipeg, Man.

THE EDUCATION OF THE STUDENT NURSE

(A summary of the recommendations of the Survey on Nursing Education in Canada.)

By CHRISTINE MURRAY, B.A., Ottawa Civic Hospital, Ottawa, Ont.

Education in its interpretation means "to exercise the mental faculties of the individual by instruction, training and discipline in such a way as to develop and render efficient the natural powers", or, briefly, to modify conduct and prepare for the duties of life. Can we in all sincerity apply this definition to the work being done in our schools of nursing? Are our young women being trained to use their mental faculties to the development of a better quality of womanhood, or are they being turned into machines with doubtful qualities of mind? We consider nursing a science as well as an art, but are our methods of teaching and study those of true scientific investigation? As an art the development of mechanical skill in technique is essential, but in all other arts the special skill is motivated by something more, which is, in part, acquired through education and the exercise of the mental powers of the individual. Are our schools to be factories for the production of skilled attendants, or educational centres for the production of young women of resourcefulness and initiative? It rests with the school of nursing.

The responsibility of the hospital is primarily to the patient but the responsibility of the school of nursing is to the pupil. Too often the needs of the hospital interfere with the education of the student. The patient must be cared for and the pressure of work becomes so great, that it is a serious detriment to any formal type of instruction. Less than a century ago nursing was lifted out of the slough of despond and imbued with new ideas and ideals by Miss Nightingale. One of her outstanding achievements was the establishment of a School of Nursing at St. Thomas's Hospital. This was a school of nursing in the truest sense. Its primary concern was the preparation of the nurse for service and it was independent of the economic needs of the hospital. The ideals of this school were brought over to this country and were the inspiration of our early training schools, but, during the passage of time the aims of the school of nursing became confused with the needs of the hospital. Hospitals were not judicious in the selection of their student material and the education of the nurse became a by-product of a system where the school existed to supply cheap labour and nursing service. Fortunately in recent years the nursing profession has awakened and is aware that there is need for a change in the order of things. It has been the work of the Survey of Nursing Education to give facts and figures portraying the exact conditions existing in our schools of to-day. The defects seem to be many: in the material accepted into the classes, in the content of the curriculum, in the instructors and the type of instruction given, in the time given the student for study, rest, and recreation, and in the system of examination. In short, it means a complete re-organisation and we must begin to rebuild from the ground up. If we expect the best type of young woman to be interested in nursing we must have

something to offer, for the youth of to-day do not blindly accept what is presented to them.

One of the needs is for an improved curriculum and, although the curriculum is only a means to an end, it should be an effective means. The Survey Report recommends that the required courses or "constants" in a minimum curriculum should be:—

1. Materia Medica: 25 hours for "a reference knowledge rather than a memoriter grind" with a more accurate knowledge of the primary drugs.

2. Anatomy and Physiology: 20 hours for Anatomy and 30 hours for Physiology with greater emphasis on physiology and the use of more specimens in the teaching.

3. Dietetics: 30 hours of theory and 60 hours of practice with the preparation of diets forming the bulk of the course.

4. Hospital and Sickroom Housekeeping: 10 hours for the study of "The science as well as the art."

5. Mental Hygiene: 10 hours for the introduction of the essentials, and 30 hours in the senior year for "the discussion of cases and problems found in society as well as on the wards."

Psychiatrical Nursing: 10-12 hours of the essentials of psychiatry and one month devoted to mental nursing.

6. Practical Nursing and Demonstration: 140 hours to cover material in medical, surgical, pædiatric and obstetrical nursing.

7. Principles of Nursing: 100-125 hours to present the underlying principles and to form the basis for the study of the practical nursing in the above departments.

8. Nursing Interneship: Three to six months to be given in the final year for experience in nursing the patient as a whole, and to prepare the nurse to assume her duties outside the hospital.

In addition there are those subjects, now classed as "borderline", which should eventually be included in the curriculum among the "constants."

1. Elementary Bacteriology: 20-30 hours to provide the information necessary for a comprehensive study of disease, especially communicable diseases, their prevention and care. The elementary essentials of this course having been studied in the Nursing Matriculation.

2. Chemistry: 20 hours for a better understanding of the significance of food values, of urinalysis, blood tests, etc.

Elementary Medical Physics: The application of the principles covered in the Nursing Matriculation to the various instruments used in medicine, as X-ray, diathermy, basal metabolic apparatus, etc.

3. Elementary Rural and Urban Sociology: 15-20 hours for a "study of sociological problems in relation to the nurse," following on the work covered in the Nursing Matriculation.

This, on the surface, appears to be a heavy programme, but if carried over, as the Survey Report suggests, the three years with 32 or 34 teaching weeks in each year, the basis would be one class room period each day. The exception would be in the final year when allowance would have to be made for the period spent in the interneship. In the first and second years there would be "approximately 200 class periods with 130 periods for supervised and private study."

This curriculum is by no means revolutionary. The inclusion of more material on mental hygiene, social problems and dietics merely follows the modern trends in medicine. As earlier nursing technique had to be accommodated to the new aseptic methods in surgery, so now it must keep pace and devote more time to consideration of the psychiatric, sociologic, dietetic and preventive aspects of nursing. The

doctors of the present day demand more from the nurse in observation and the interpretation of signs and symptoms, so there is more necessity for an understanding of the basic facts. There may seem to be a preponderance of theory but as the report states "theory properly selected and taught is on the best evidence available quite as important in the training of the nurse as is the practice." This involves a close correlation of the theory with the practical work. It means not lecturing at the student but presenting the subject matter to her in a manner to stimulate thinking. It is not an attempt to exercise the brains with "a memoriter system of mental gymnastics" but an attempt to train her to associate the new knowledge with her growing experiences and demand an active response on her part.

The effectiveness of this curriculum will be partially dependent on the manner of its delivery, that is, on the instructor and the methods of instruction. The criticism of the instructors is that too few of them have any "knowledge of the principles of educational psychology," and "too many lecture rather than teach." The Survey Report advises that more trained instructors in medicine and surgery, as well as in the nursing field, be appointed to our staffs. It is recommended that "there should be at least one qualified full-time instructor for each 75, preferably each 50, student nurses or fraction thereof," also that "the full-time instructors should act as clinicians on the wards," and that "staff or charge nurses should be qualified to assist in the classroom and clinical instruction of student nurses." This would materially affect the correlation of the theory with the practice.

The lecture method used in our schools is more or less condemned because it is too often the retailing of information gathered from text books accessible to the pupil. The reason given for the extensive use of this method is that "the student nurses are too tired or too unintelligent to think." This is a sad admission on the part of our doctor and nurse instructors, and, if really true, seems a definite waste of the time of student, instructor and hospital. The lecture method of "spoon feeding" will not stimulate the average student nor will it train her to think. The pupil should do more investigating on her own initiative to get the best out of her courses. The case study method is strongly recommended to train in accuracy of observation, to stimulate the student to self-activity and induce her to use her powers of analysis and deduction. The project method is also recommended, but must be used very judiciously in the selection of the material for study, as the ground covered is quite extensive and considerable time must be spent for a successful completion.

Exception is taken to "the cramming of the preliminary student." Our curricula provide for practically twice as many teaching hours during the preliminary term as are given during the subsequent three years. This is a practice contrary to all the principles of the psychology of learning. It is very difficult for the young student, entering a new phase of life with its quantity of new experiences and undiscovered material, to adjust herself. The subject matter in the classroom out-distances the practical experience on the ward, the associations formed are comparatively few, consequently her learning is chiefly a question of memory, not a linking up of ideas with facts.

In order to maintain the standard of a curriculum such as has been outlined the receptive, absorptive, and deductive powers of the student should be of a superior quality. The admission of students unable to cope with the subject

matter has been one factor influencing this standard. Our hospitals give the minimum course of study which will permit of the nurse passing the examinations for Registered Nurse. Examinations, however, should be the last consideration. The recommendation of the Survey Report is that "not later than June 30th, 1935, Junior Matriculation, or its equivalent, should be required as the minimum standard of admission to training schools for nurses."

It is also recommended that a Nursing Matriculation be put into effect including the following subjects: four years of English, four years of Social Studies, including the History of Nursing and the Elements of Sociology, Physiology, Elementary Anatomy, Nutrition; two years of Mathematics, including Arithmetic and Algebra; two years of both Chemistry and Biology; one year of Physics, two years of Home Economics stressing Dietetics, and three years of a foreign language. Such a course, covering the elementary principles, would permit the time, now taken to initiate these subjects, to be spent in the practical application of the principles to the problems which give the student a more comprehensive idea of the treatment and care of the patient. For instance, we are compelled to use too many hours in Drugs and Solutions drilling our classes in factors, decimals, percentages, and ratios before the problems may be attacked and this is true of other subjects.

At the present time the requirement for entrance to our hospitals ranges from Grade VI to four years of high school or its equivalent, and the equivalents accepted are often questionable. They vary from a business course of one year to the secretaryship of a church society for a number of months. These experiences are valuable, but do they give a sound basic training commensurate with that a student would acquire in an accredited high school for the same length of time? There seems to be a definite relationship between education and intelligence. According to the findings of the Survey 83.9% of our students having at least four years of high school, have Intelligence Quotients of 115-120, while only 7% of those who have had no high school work have an I.Q. of over 100. The average I.Q. for the individual is 100 but of the 2,280 nurses examined the average was 98.3, which is somewhat lower than the average I.Q. of 102.6 of the Grade XI student. To show further that the intelligence of our students is not of the best grade, there are figures which testify that 23% or over one-fifth of our students have I.Q.'s under 90, which classes them as "slow" and places them in the lowest 20% of our population. Of this number two have I.Q.'s below 70, relegating them to the status of the feeble-minded, and 87 I.Q.'s below 80, putting them into the very dull or borderline group. It has been proved that rarely does the pupil of an I.Q. of 75 attain Grade VIII and seldom one with an I.Q. below 90 reach Grade XI or Junior Matriculation. This indicates that most of the material in our schools is "kept not because of, but in spite of its intelligence."

These tests, we are informed, are based on abstract intelligence. The power, not the inclination, to learn, and abstract intelligence seems to be correspondent with "effective work and moral worth." The inclination to learn is quite as often found in the plodder or dullard, as in the intelligent individual. The facts as presented are appalling when we realise that nurses of this grade are graduated, are allowed to pass their R.N. examination, and are being turned into the world to display or not to display their intelligence to an unsuspecting public. It is this factor, in part, which gives the public many of its ideas of the value of the trained nurse.

Is it fair to our better nurses to make them bear the onus of their more inadequately equipped sisters? These figures should definitely place in the background the belief that the nurse may be poor in theory but good in practice. Could an individual of "slow" or "dull" mentality rise to an occasion which demanded quick, intelligent thinking and acting? This type of nurse may be able to perform her routine duties fairly well while under strict supervision and guidance, but with the removal of this help her usefulness is curtailed. She could never develop into a leader in the comunity, for leadership requires intelligence. The recommendation is that "all candidates with I.Q.'s under 100 should be rejected." "The intelligence tests to be administered by a trained social worker under the supervision of a psychologist or trained educationist." Those who are working with the student nurse have these facts brought home to them every day and in these days when an education is available for everyone let us insist on the best and make education an ally of service.

Further, the effective carrying out of a curriculum as outlined above requires that the student be given more time for study. At the present time, in the majority of our hospitals the working day is, to all intents and purposes, ten hours. The average working day commences at seven o'clock, which necessitates arising at six or shortly after, and breakfasting at half-past six. During the day the pupils are ostensibly presented with two hours off duty, which they may or may not get owing to the pressure of work and class hours, and it is the rare occasion when seven o'clock sees them finished with their own work. The greater number of classes are given in the late afternoon and is it not conceivable that even the brightest may sit in the class-room and allow her mind to wander from the subject matter after six, seven or even eight hours of strenuous physical exertion? The night nurses are expected to attend lectures at four and five in the afternoon, often earlier, and these young women work twelve unrelieved hours in the average school. On the days that they have class at four o'clock they should get to bed at eight to obtain even the bare requirement in the amount of sleep. How much time does this leave for study, exercise and meals? Yet we do expect them to be mentally alert, to spend a certain amount of time in study, and to procure the required amount of sleep, rest, and fresh air. It means simply that our nurses must be "keyed up" for twelve hours of each day, and is this possible for any individual?

The findings of the Survey report that the questionnaires from student nurses show that the percentage of time the student was too tired to follow the lecture was 13.5 and the inference is, that "the average student would probably derive as much benefit from going to sleep as in trying to keep awake in approximately one lecture out of seven." Also, 8 per cent report never being properly rested. The student is severely criticised because she does not obtain enough rest at night or goes out too much. This may be true in some cases, but with such long hours on duty there really is not enough time left unless sleep and rest are infringed upon. These students are young people naturally desirous of getting some pleasure out of life. The eight-hour day is recommended which would give the student approximately six hours to spend in study, rest, and recreation. Again, we hear the objection raised that this would provide more time for getting into mischief. This problem could be solved by the introduction into our schools of extra-curricular activities as a means to help keep our pupils physically fit.

Practically all public and secondary schools require that a certain percentage of time each week be devoted to a constructive sport or gymnasium work. Universities demand the completion of a definite number of hours of physical education before a degree may be granted. Yet our nursing schools, interested primarily in the health of the community, seem to ignore this factor. One sees tennis courts at many of our hospitals, but how often does one see them in use. Our student nurses are too weary physically to get any pleasure out of a game and to report on duty rested and refreshed in the one or two hours allotted to them. Those who stand the grind and do well are few in number and too many fall by the wayside. This may be due partly to their youth. The average age of the first year pupil is 20 years, and that of the three years is 21.15, which shows that too many under the age of 19 are being accepted. They are irresponsible, unformed in character, immature in judgment, and impulsive in action. Many of them have left their homes for the first time, yet we place them on our wards to care for our patients and expect them to conduct themselves and have the endurance of a wiser and more experienced individual.

The depletion of our numbers the second and third years owing to health reasons is due, in part, to the lack of efficient physical examinations when the student is accepted. According to the findings nearly one out of thirteen pupils is taken into our hospitals without examination. Of the probationers 60 per cent or two-thirds are examined but from then on the number of examinations per student is negligible. This lack in our schools leaves our system open to severe criticism and an effort should be expended without delay to put into effect the recommendation that "a thorough physical examination should be required before admission and thereafter one at least each year, though preferably each six months."

The primary responsibility of the training school is to the student but how many schools realise their responsibilities? Some are giving their students excellent courses and working in the right direction. The smaller schools, however, offer a debatable ground and many are the arguments for and against them as educational units. The Survey discovered that, in the opinion of the majority of doctors and nurses, 75 beds with a daily average of 50 patients, should be the minimum. As compared with the 300 bed hospital, that is reported to be ideal, this seems small and the recommendation is, that no hospital should attempt to teach nurses, nor should its school be approved, unless it is "adequately staffed and equipped and supplied with sufficient clinical material." The staff should include a superintendent, an assistant superintendent, a night supervisor, at least one full-time instructor, a supervisor for the operating room and one for the maternity department. The school should offer experience in medicine, surgery, obstetrics, pædiatrics, and contagious diseases. The small hospital is not entirely condemned in the Report, because it has turned out some good nurses, but the opinion is that it offers a training "comparatively inefficient." The value to that nurse, and of that nurse, would be greater in relation to the variety of her experiences. In the small hospital the economic needs govern the educational needs of the pupil to a greater extent and on the whole the standards of admission are lower.

It is recommended that the maintenance of the standards of our schools should be upheld by inspection, preferably bi-annual, of a trained inspector for constructive criticism and aid. Schools which fail to offer a good quality of instruc-

tion should be required to improve or should be dropped from the approved list.

Many of these recommendations are not feasible at the present time for economic reasons, but we are advised that the solution should come with financial aid from the state and the inclusion of nursing education in the general scheme. Nurses seem to be a public necessity and nursing service is developing more and more into a public service so why should nursing education not receive help from public funds. The public, then, must be behind any movement to improve nursing education and it must understand the difficulties and the problems. The blame for many of the conditions of today rests with our profession. We have been too prone to let things drift and let circumstances master us. Nursing education will never rise above the apprenticeship stage nor will it cast off its "outworn and antiquated type of teaching" so unsuited to present-day needs, until we, as a profession, act in unison. It is a new world into which our nurses are going, which demands insight, skill, and devotion, and an understanding of the frailties of human nature.

To sum up and quote the Survey Report briefly, the defects in our educational system are due to:—

1. The admission of immature, semi-educated young women, who are unable adequately to profit from the instruction given.

2. The admission of many young women of relatively low-grade intelligence. This statement is made irrespective of whether the student has attended high school one year or four years.

3. The giving of slightly altered medical lectures to student nurses. Here is an instance of the wrong kind of theory rather than of too much appropriate theory for nurses and gives rise to the current criticism of wasting time in attempting to impart a "quasi-scientific training."

4. Long hours on the wards. The eight hour day would be sufficiently long. Fatigued students are difficult to "educate" though they may be given a sort of "quasi-scientific training."

5. The attitude of "keeping up dignity" is largely due to the "quasi-scientific training" frequently imparted under the guise of education. More real education as opposed to lecturing the students in the customary fashion, would probably eliminate this undesirable attitude. Sound education inculcates proper attitudes towards the realities of life and instils a spirit of humility and service rather than the opposite."

Palais de Justice, Brussels, Belgium

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss CLARA BROWN, 23 Kendal Ave., Toronto, Ont.

DISORDERS OF THE SPLEEN

By Dr. R. V. B. SHIER, Toronto, Ontario.

In 1913, Aschoff and Landau described the reticulo-endothelial system which consists primarily of phagocytic cells which are widely distributed throughout the body. The active cells of this system are found in the spleen, bone marrow, lymphoid tissue and the liver. It is probable that the activities of the spleen, aside from its function of being a blood reservoir can be traced to these specialised cells. These activities are concerned with the phagocytosis, red blood destruction, bile pigment formation and lipoid metabolism. These functions can be carried on by similar cells in the bone marrow, lymph glands and liver, should the spleen be removed. Therefore, it is evident that the spleen is only part of a system, and while it exercises certain important functions, yet it is not essential to life.

Before considering those diseases in which the spleen may be directly or indirectly involved it should be of value to view our present ideas of its normal function.

1*st. Reservoir Functions.*—It is known that the spleen undergoes several rhythmic changes in its form. (a) Slow contraction and expansion in some way related to digestion. (b) Rhythmical contraction occurring at intervals of about one minute and probably due to muscular contraction by the muscles of the capsule. (c) Variations in size due to the rhythmical activities of the vaso-constrictor centre. These are known as the Traube-Hering waves.

In addition to these various types of rhythmical contraction, the spleen appears to have the function of acting as a reservoir for blood, in communication with, but not actively a part of, the general circulation. This function has been demonstrated by the different workers in the field of experimental medicine.

2*nd. Relation to Blood Formation.*—In embryonic life the spleen has an active part in blood formation but at the time of birth this function is largely transferred to the bone marrow, although the spleen continues to produce white blood cells. During infancy these white blood cells are largely lymphocytic in type but later the polymorphonuclears predominate. In severe chronic anemias the spleen will respond in a remarkable way and act as a potential source of blood formation.

3*rd. Relation to Blood Destruction.*—Under normal conditions a very even balance is maintained between blood formation and blood destruction. Rous has admirably summed up the evidence for blood destruction as follows: "The continuous activity of a broadly distributed haematopoietic tissue; the daily excretion through the bile of a pigment, nearly if not precisely, identical with one of the pigmented derivation of the haemoglobin; the appearance of this derivative in old haematomata and in the plasma after haemaglobin injection and liver exclusion; the apparently significant association of haemaglobin throughout the animal kingdom; the existence here and there in the healthy organism of cells containing erythrocytes in various

stages of disintegration; and, not least, the delicate structure of the red cell itself in its lack of nucleus, the excessive squeezing and buffeting to which it is subjected, these and other facts clearly prove that blood destruction must be one of the routine tasks of the body."

4*th. Relation of Spleen to Platelets.* — Blood platelets were discovered by Hayem who believed they developed into red blood cells, but Wright in 1906 gave very convincing evidence that they were detached bits of the giant cells of the bone marrow. Blood platelets are very fragile and disappear rapidly under ordinary methods of examination. There is no satisfactory explanation of the relationship of the spleen to the life of these blood platelets or thrombocytes, but it is known that in the disease purpura haemorrhagica there is marked diminution in the blood platelets and it is known that splenectomy effects remarkable results in the treatment of haemorrhagica purpura.

5*th. Relation of the Spleen to Immunity.*—There is a general belief that following splenectomy the individual has a lowered capacity for developing leucocytosis in the presence of infection but all experimental work done on this point is somewhat contradictory.

In addition to these various functions it has been suggested that the spleen has something to do with nitrogen and carbohydrate metabolism and also a definite connection with fat metabolism, especially that of cholestrol.

Apart from trauma all diseases of the spleen cause enlargement and this enlargement is known clinically as splenomegaly. Enlargement of the spleen may be due to, first, general infection, *e.g.,* the septicemias. The outstanding examples of such septicemias are typhoid fever, malaria, tuberculosis and syphilis. Second, blood dyscrasias, *e.g.,* leukemias, pernicious anemia and purpura haemorrhagica or thrombo cytopoenia. Third, familial jaundice, a disease which occurs in one or more members of a family, marked by extreme chronicity. Fourth, a group of diseases where the spleen appears to be the only organ involved in disease, as in Banti's disease.

While diagnosis of splenic enlargement is arrived at largely by blood examination, yet there are certain signs and symptoms which call for examination especially along this line. These symptoms are as follows:

First, Jaundice. This symptom is due to an excess of bilirubin in the blood stream. Bilirubin is formed by the action of the reticulo-endothelial system, of which the spleen is a major part, in breaking up worn out blood cells. Bilirubin is excreted by the liver in the bile and from there enters the gastro-intestinal tract. It is easy then to understand that jaundice may be the result of one of two conditions. First, increased production of bilirubin as in familial jaundice. Second, defective disposal of bilirubin as in common duct obstruction. We have one test in the case of painless jaundice which enables us to tell which process is responsible. This is the Van den Berg test, and readings taken are direct and indirect. These are made possible by the fact that bile which has been acted on by the liver cells differs in chemical reaction to bile which has not passed through the liver. Therefore, this test helps us to assess to the spleen its proper share of responsibility for chronic jaundice.

Second, Anemia. Routine examination of a patient should include blood smear examination and haemaglobin estimation. If these are abnormal then follows blood count of red and white cells, when if pernicious anemia or leukemia are present, they are readily diagnosed.

Third, Purpura. Purpura is a symptom marked by subcataneous staining due to ruptured capillaries, allowing the blood to extravasate and form the so called petechia. Purpura, therefore, is not a disease but a symptom. It may be purely sympathetic and result from infection but the one type in which the spleen is at fault is purpura haemorrhagica, or thrombo-cytopoenia, a disease in which there is a deficiency of blood platelets due to increased destruction on the part of the spleen.

Before determining whether or not the patient would be benefited by splenectomy for an enlarged spleen it is essential that a careful clinical study should be made. The diseases in which splenectomy has been so valuable, aside from traumatic rupture of the spleen, are: Banti's disease, familial jaundice and purpura haemorrhagica.

For a number of years splenectomy was performed for pernicious anemia and occasionally for leukemia but as the results were far from satisfactory it has been practically abandoned.

The results of splenectomy in Banti's disease, familial jaundice and purpura haemorrhagica have been highly satisfactory, not only from the standpoint of immediate recovery but also from the standpoint of permanent cure. However, in the case of Banti's disease, in spite of the most gratifying benefit derived from the operation, as seen in the improvement in the general health and the prolongation of life, there are a certain number of cases which still persist with gastro-intestinal haemorrhage and these present a discouraging problem.

Haemorrhagic or familial jaundice is a disease characterized by anemia, jaundice with unaltered stools or urine, enlargement of the spleen, microcytosis and increased fragility of the red blood cells. Evidence of the benefit of splenectomy in this disease becomes apparent in a few days following the operation, the jaundice fading and the patient may be free from jaundice for the first time in his life and there is rapid improvement in the anemia, but certain characteristic changes in the blood such as mycrocystosis and increased fragility of the red blood cells usually do not disappear. The late results in the disease are gratifying. Pemberton of the Mayo Clinic states that 86 per cent of the patients who recovered from the operation are living and 83 per cent are in good health.

Haemorrhagic purpura is a disease which is characterized by groups of petechia and haemorrhage from the mucous membrane into the subcutaneous tissues. There is very marked reduction of the blood platelets, prolonged bleeding time, marked secondary anemia with changes in the retraction of the blood clot. It is important to have a very accurate diagnosis to distinguish this disease from others which have haemorrhagic jaundice, such as haemaphilia, acute leukemias and aplastic anemias. Results of splenectomy in this disease are dramatic. The patient may be bleeding at the time of operation and cases have been noted where haemorrhage stopped before the patient returned to his room. There is immediately an appreciable rise in the number of blood platelets and this has been noted within 24 hours after removal of the spleen and within three days blood platelets count is within normal limits.

As patients suffering from Banti's disease, familial jaundice and purpura haemorrhagica are generally very poor risks due to the chronicity of the disease, associated with a tendency to bleeding and general blood derivation, it is necessary, in order to obtain satisfactory results, to have a careful

pre-operative as well as operative and post-operative management. Measures directed towards increasing the coagubility of the blood form a major part of this pre-operative treatment and these measures are repeated blood transfusions and the intravenous administration of calcium chloride. The important thing at the time of operation for splenectomy is to be prepared to transfuse the patient at the moment when the splenic pedicle is ligated. The reason for this is that when the spleen is removed a large reservoir of blood is also removed. This procedure at operation and proper operating room care have gone far to revolutionize surgery of the spleen.

(Concluded from page 15)

On May 15th, Harry was taken to the operating room for a left lumbar sympathectomy, wherein the left ganglion of the 2nd, 3rd, 4th lumbar sympathetic nerves were severed through an incision such as is made for a nephrectomy. There was no particular reason for choosing the left side as the first of the two stages of this operation other than it is the easiest for operation.

On examination after operation, it was found that his left leg was from two to three degrees warmer than the right and the surface tissues very much more dehydrated.

Each leg was measured for scientific purposes as it would be interesting to know if such an operation would cause a cessation of growth in the limbs. The left side of his abdomen became less distended and after palpation peristalsis was stimulated and the bowel had an upward movement on the right side of the abdomen, resulting in a spasm of the bowel which was plainly visible. Enemas were also given daily after the operation as before with an improvement in results insofar as he was able to expel small amounts himself. Also he received a nightly laxative. He was allowed up and about the ward but found walking difficult.

He was taken again to the x-ray for a barium enema which caused a stagnation of the bowel and his condition became weaker and he was unable to get up. He was taken to the bathroom several times a day after an enema and was able to expel considerable of it and was able to expel a soft stool without an enema a few days ago.

Harry is an extremely affectionate child and is always willing to co-operate if he agrees with ones plans. He is very decided in his likes and dislikes. He has a remarkable reasoning ability and is very bright and intelligent in spite of his lack of education.

He has not a very good appetite and has apparently been accustomed to a very limited variety of food, having the same nourishment over and over again.

He sleeps quite well normally and does not complain. He is very fond of doing things for himself and does not like a great deal of nursing care.

Harry has responded very well to treatment and it is expected that his condition will be improved greatly. If it is necessary, the second stage of the operation will be performed within a few months. At the present time the size of his colon has greatly decreased.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
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HOW THE PRIVATE PHYSICIAN LOOKS AT PUBLIC HEALTH NURSING

By Dr. A. M. JEFFREY, Toronto, Ontario.

If any one is asked to express an opinion on a subject he is inclined to think of it first in an impersonal and broad way and secondarily about his own attitude towards it. For example, ask any man about the alcohol problem. He will tell you that it is a great and far reaching evil but then, of course, a little now and then is all right for a man like him. And so it is, then, when I ask a doctor what he thinks about Public Health Nursing, I am greeted first by a stare which asks, "Now, what are you trying to start?" And then he replies that he knows very little about it. As an after thought he may remember the personal experience when the public health nurse was believed to have said such and such or done so and so.

Perhaps at the outset it would be wise to be explicit. In Toronto, when a doctor thinks or speaks of a public health nurse he refers to the group who spend their time in teaching rather than in nursing. He does not ordinarily think of the members of the Victorian Order and the Saint Elizabeth Order as being public health nurses.

The private physician knows very little about the teaching public health nurse. He does not know how she spends her day and anything he may hear from her tends to come second hand. He is an individual on his own. She is a member of a group. The doctor fears the activities of the nurse, first, because he does not know her and, second, because to him she seems less of the individual than merely the member of the group. It is hard to trust the stranger. It is also natural for the individual to distrust the crowd. But if the doctor could only know the nurse as an individual anxious to co-operate he would be less liable to be wondering about her activities in an apprehensive way.

What better contact can the nurse make than to be present at the confinement in the home? And yet this contact is wasted as far as the doctor is concerned for the nurse who does the actual obstetrical nursing may have little to do with the pre-natal supervision and very little to do with the welfare of the infant and its feeding control. In other words, the continuity of favourable relations between doctor, nurse and patient and the hope of working together is broken off by the introduction of a stranger to take over these latter duties. Is this wise if the doctor is really of such importance? Is it a question of realising our problems and modelling our organisation to meet them or is it rather a question of distorting the problem in an attempt to squeeze it into shape so that it may fit into existing organisation? For while it may be a departmental convenience to divide up responsibilities in the field work yet this hopelessly breaks the contact with the doctor and the patient.

(A paper read at the Public Health Nursing Section of the Canadian Public Health Association Annual Meeting, 1932.)

Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

It is an unfortunate fact that many of us have our off days when our usual tact and discretion seems to have taken a holiday. It is astonishing how long a doctor remembers an indiscretion. He feels once bitten twice shy. Every doctor should be asked to report such indiscretions. This procedure would clear away much smoke to see if there be really any fire and would act as a real deterrent. Most of us are human and it is on the eve of discovery that our sense of guilt develops. It is human that in the inter-relationship of three people that the talk and discussion of two of these may be less guarded in the absence of the third.

It would be good if the doctor could know of the nurse's constant endeavour to refer his patients to him at the same time keeping herself in the background. Also it would help if the doctor could know what this nurse could do for him. The doctor already uses the excellent service offered by the Public Health Laboratory which does so much for him and for his patient. It would be excellent work if the nurse's services could be made as useable. She can teach the mother the preparation of his formula for the baby. She can oversee, if desired, the precautions needed in the home in which infectious disease exists. She can take swabs for release of diptheria and obtain sputum specimens from the tuberculous patient. She will gladly try to get the family to follow out any instructions he may give. At all times she will remember that he is the person who is assuming the responsibility and will never give any advice without his expressed desire. All this is very fine. How can he be assured that this particular nurse in question will confine her efforts to this sort of tactful service? There is only one way of gaining his confidence and that is when he knows her well enough to trust her.

Even any one actually engaged in public health nursing finds her viewpoint changing with the length of her service. She has an early critical attitude towards her work that later changes to one of appreciation. Does this change depend on seeing good results from the work or is it a question of losing her individaul perspective in fusing with the crowd? It is probably a lot of the former mixed with a little of the latter. How then can the doctor who looks upon public health nursing from a great distance and only now and then escape from the early attitude of criticism felt for the nurse herself? He gets an occasional glimpse of a crowd of people busying themselves with seeming trivialities. For much of this work he fails to see the need of a nurse's training.

Perhaps the attitude of some public health nurses is not without its influence on his viewpoint. In the doctor's life there are many worrying responsibilities. Comparatively the nurse's life is free from this type of anxiety. With the absence of actual responsibilities for decisions tnat may mean life or death her confidence and assurance may grow considerably in the absence oi any such retarding influences. And, by the way, it is this sense of importance as a member of the public health that does so much to antagonise both the public and the doctor. It would be better to let a few problems go unsolved than to push them to the bitter end and eventually lose out by stirring up ill feeling. How can a graduate from a course in nursing and public health and without further contact with the public in actual nursing, ever in the remotest degree realise the difficulties of a doctor's life and especially the ordeal of his earlier years of practice? On the other hand the type of public health nurse who, after graduating years ago, has had many years of work with the doctor in the hospital wards or private

duty nursing, she has a wealth of sympathy for him. She knows his problems and remains more individualistic in her sympathies. She does not readily surrender this attitude for the, perhaps, less thoughtful feeling of the group. She is, therefore, the important factor attempting to maintain good relations between the public health nursing services and the practising physician.

It is true, too, that a doctor's view point changes with the number of years he has been in practice. Early in his career he must of necessity be more sensitive to adverse currents than later, when well settled on his course, he can be indifferent to any wind that blows. We must remember that the doctor's survival depends on whether or not his advice is accepted. The nurse's advice is just so much more flour to be ground out from the mill and her bread and butter does not depend on its acceptance. She in her zeal and anxiety to help the family in matters of health may forget that in the final analysis the private physician must assume the responsibility. He may feel like the musician who is trying to make sweet music in the room in which some one else persists in talking, or, again, like the man who in paddling the tippy canoe watches with apprehension as the stranger steps into the craft. And so the nurse becomes enthused with the aims and objects of her group. Is it any wonder that at times she may forget the individual concerns of the doctor? In the busy routine of the organisation his very existence can be kept in mind only by artificial effort. And yet, potentially, he is the most important cog in the working out of preventive medicine.

Until the present state of affairs is altered is it wise for any public health nurse to utter or even feel criticism towards the doctor about his work? The reason I say this is that there are so many well trained and thoroughly fair minded individual doctors who do not wish the public health nurse to visit their patients. They are more content and easy in their minds when she is elsewhere. With these conditions as they are would it not be well for the nurse to remain sufficiently an individual to take stock of herself and her organisation rather than attempt to assess the merits of others? She would be entirely cured of any feeling of criticism could she assume his responsibilities for even a short time. Is it not like the spectator at the game who feels free to criticize the performance of players without ever being in danger of having to show his own prowess. I must confess that my sympathies are rather with the doctor as the underdog for he must stand alone and shoulder his responsibilities without any huge organisation at his back.

It may be that the doctor, as well as the public, has not clearly placed the blame for the unfortunate quarantine law for infectious disease. This law has been altered for the better but is still far from perfect. In attempting to co-operate with the provisions of this legislation, many of which have been manifestly absurd to the doctor and in a degree also to the public, the public health nurse has been too often considered the responsible party and has been made the scapegoat. This law has done much harm to the public health nurse in her contact with others. She has been the unwelcome guest in the home with minor infectious disease and this especially in the poorer districts. It makes one stop to consider the great responsibility of the passing of such legislation. Think of the time wasted and worse than wasted by so many people. Think of the undesirable apprehension engendered in the mind of the public.

Those interested in furthering the welfare of preventive medicine could not do better than interest

the private physician in this work. It is infinitely more important to make sure of his co-operation than to attempt the training of the whole public. By the very nature of his education and work he will be the most easily interested. When the time has come that his importance is realised and full use is being made of him and when his confidence is sought and won, then will he seek out the public health nurse to help him in his work. Then and only then will he think of public health nursing.

In writing this paper, I have tried to tell what I believe to be the truth as it is. I had the opportunity of spending two and a half years in public health work and was happy and enjoyed my associations. It was a valuable experience. I had the opportunity of making friends with many public health nurses and was impressed by their high ideals. They would, however, I think, be happier if they had some actual nursing to do. Remember what they are asked to do, namely to spend about two-thirds of their day visiting and teaching and in spite of this are expected to keep out of trouble. It would be hardly the truth to say that all is well between the public health nursing service and the practising physician. There is an underlying resentment on the part of the doctor for what he believes to be an unwise encroachment on his individual relations with the family. He feels that having spent much money and time on the preparation for his work, to say nothing of the expenditure of funds by the state on his education, that the whole thing is a poor investment on all sides if his influence tends to be undermined by public health organisations. For he feels that in so much teaching the nurse is invading his domain and that, comparatively, she is less well equipped for this work than he.

In closing, I must confess a feeling of uneasy apprehension. Have I not been guilty as an onlooker of what I have so decidedly decried in others? In other words, I have offered criticism towards things for which I have never had to assume the least responsibility. Perhaps if I had had a share in this I should not have consented to writing or reading this paper.

HEALTH TALKS BY RADIO

The third series of radio talks by the Department of Health and Public Welfare, Province of Manitoba, commenced on November 1, 1932. This year the topics are based upon the suggestions received from community organisations. The talks are being given every Tuesday and Friday from 12.50 to 1 p.m., the last three minutes being devoted to a question and answer period.

It is hoped that these talks have been noted by nurses in Manitoba, as there are several of special interest to them. When the series is completed, copies of the radio talks may be obtained on request to the Director, Health Education Service, 57 Legislative Buildings, Winnipeg, Man.

Tourist Lounge.

All photos in this issue by courtesy of Canadian Pacific Steamships Ltd.

Arc de Triomphe, Paris, France.

THE CANADIAN NURSES ASSOCIATION CONGRESS TOUR

Members of the Canadian Nurses Associations, who have been awaiting information in detail relative to transportation arrangements, as well as tours following the Congress, International Council of Nurses, may find satisfactory information in the following announcement, under four headings, namely:

Outline of Events.

Convenient Sailings from Canada.

Digest of the Official Tours.

Institutions in European Cities of especial interest to Canadian Nurses.

The Congress is to be held from July 10th to 12th in Paris and from July 13th to 15th in Brussels. To be admitted to the Congress, Canadian nurses must be approved by the Canadian Nurses Association; that is, they must be members in good standing in a provincial association of registered nurses.

Convenient sailings that will allow for arrival shortly before the opening of the Congress are announced. As some may wish to learn the cost of round trip transatlantic fares for various classes from Montreal and Quebec to a French port the information has been obtained:

First	$296.00	and	$400.00
Cabin	211.50	to	248.00
Tourist	159.00	to	182.50
Third	116.00	to	130.75

plus French port taxes.

It should be noted that these are the fares in force prior to the general rate increase of December 5th, 1932, by all steamship companies. The above fares are available to the members of the Canadian Nurses Association who were in good standing on December 1st, 1932.

In addition to the tabulated Digest of Official Tours, the following is announced by Thos. Cook & Son Ltd. Travel Agency:

"The official escorted tours afford the most convenient and economical way to attend the Congress in Paris and Brussels and also to see something of the rest of Europe. Every effort has been made to include travel arrangements to meet the wishes of every one.

"For those with limited time, there are tours of 26 to 32 days' duration at very moderate inclusive fares, based on Tourist Class

accommodation on the transatlantic steamers. Even these short tours provide a wide choice of routes. For those who can extend their travels further afield, there are longer tours of 39 to 60 days' duration, with exceptionally interesting and comprehensive itineraries. Fares will be advised shortly.

"All of the inclusive fares are extremely low, especially considering the standard of comfort provided and their all-inclusive nature. An experienced tour manager from the staff of Thos. Cook & Son, Ltd., will accompany each group to look after all travel details, thus enabling individual members to make the most of their time abroad and thoroughly enjoy every moment."

Brief note relative to institutions in European cities of special interest to Canadian nurses is submitted with this announcement.

Since October 1st, the secretaries of Provincial Associations have had for distribution copies of the Preliminary Announcement of the Canadian Nurses Association Tour in co-operation with Thos. Cook & Son, Ltd., Travel Agency. It is expected that the final programme for this Tour will be released within a week or two. Request for this programme should be made to the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, P.Q., or to Thos. Cook & Son, Ltd., Travel Agency, 65 Yonge Street, Toronto, and Morgan Trust Bldg., 1455 Union Ave., Montreal.

OUTLINE OF EVENTS

PARIS

Tues. July 4 to Thurs. July 6.
Meetings of the Board of Directors of the I.C.N.

Fri. July 7 and Sat. July 8.
Meetings of the Grand Council of the I.C.N.

Sun. July 9.
Evening: Reception.

Mon. July 10.
9:30 - 10:30 A.M: Opening Session.
10:45 - 12-30 P.M: General Business Session.
3:00 P.M: Section Meetings.
Evening: Reception.

Tues. July 11.
9:30 A.M: Section Meetings.
Afternoon: Excursion or Reception.
Evening: Reception.

Wed. July 12.
10:00 A.M: Section Meetings.
Afternoon: Visit to Versailles.

BRUSSELS

Thur. July 13.
Travel to Brussels in two groups; via Chantilly and Amiens, or Chantilly and Senlis.
Evening: Public Meeting.

Fri. July 14.
10:00 A.M: Section Meetings.
Afternoon: Visits and Excursions.
Evening: General Session.

Sat. July 15.
9:30 A.M: Section Meetings.
2:00 - 4:00 P.M: Closing Business Session.
5:00 - 6:00 P.M: Formal Closing Session.
Evening: Final Reception.

CONVENIENT SAILINGS FROM CANADA TO THE CONGRESS.

(Subject to Change)

Information about earlier sailings will be furnished on request.

Sailing Date	Steamer	to French Port	Date Due	First Class	Cabin	Minimum Fares to French Ports		Tonnage
						Tourist	Third	
June 21	Montrose	Havre	June 29		$117.00	$ 97.00	$ 69.50	16,400
					108.00	80.50	61.50	
June 28	Emp. Australia	Cherbourg	July 4	$148.00		101.00	69.50	21,850
						83.50	61.50	
July 1	Emp. Britain	Cherbourg	July 6	200.00		111.00	79.00	42,500
						92.00	67.00	

Information about return sailings after the Congress, furnished on request.

Wherever more than one fare is shown for any class, the upper figure is the one-way fare and the lower figure is one-half the round trip fare.

—All fares shown here were those in effect prior to December 5th, 1932 on which date they were increased. Members of the C.N.A., who joined the organisation before December 1, 1932, are entitled to the old, lower rates, (as shown) but nurses who joined after that date must pay the new and higher rates. This arrangement for the benefit of the C.N.A. was made by the Official Travel Agents and **bookings must be effected by them.**

DIGEST OF THE OFFICIAL ESCORTED TOURS

Tour No.	Days Duration	Incl. Fare	Eastbound Steamer	Sails from Quebec	Westbound Steamer	Due at Montreal	Outline Itinerary (all tours include the Congress at Paris and Brussels, July 10-15)
Main Tour	28	267.00	Emp. Britain	July 1	Duch. York	July 28	Paris, Brussels, London.
1.	35	341.00	Emp. Britain	July 1	D. Richmond	Aug. 4	Paris, Brussels, Cologne, the Rhine, Wiesbaden, Lucerne, Geneva.
1-A.	35	368.00	Emp. Britain	July 1	D. Richmond	Aug. 4	Tour No. 1, plus London, York, Edinburgh, the Trossachs.
4.	34	371.00	Emp. Britain	July 1	Emp. Britain	Aug. 3	Paris, Brussels, Cologne, the Rhine, Wiesbaden, Heidelberg, Lucerne, Grand Alpine Tour, Interlaken, Montreux, Geneva, London.
4-A.	47	437.00	Emp. Britain	July 1	Montclare	Aug. 16	Tour No. 4 to Interlaken plus Italian Lakes, Milan, Genoa, Riviera, Nice, Monte Carlo, Route des Alpes, Chamonix, Geneva, Lyons.
4-B.	49	497.00	Emp. Britain	July 1	Emp. Britain	Aug. 18	Tour No. 4-A to Milan plus Venice, Florence, Rome, Genoa, Riviera, Nice, Monte Carlo, Route des Alpes, Chamonix, Geneva, Lyons.
4-C.	56	564.00	Emp. Britain	July 1	Duch. York	Aug. 26	Tour No. 4-B plus London, York, Edinburgh, the Trossachs.
5.	47	506.00	Emp. Britain	July 1	Montclare	Aug. 16	Paris, Brussels, Cologne, the Rhine, Berlin, Dresden, Prague, Vienna, Munich, Lucerne, Grand Alpine Tour, Interlaken, Montreux, Geneva.
5-A.	48	512.00	Emp. Britain	July 1	Emp. Britain	Aug. 18	Tour No. 5 to Geneva plus Chamonix, Route des Alpes, Nice, Monte Carlo, Lyons.
5-B.	57	578.00	Emp. Britain	July 1	Duch. York	Aug. 26	Tour No. 5 plus London, York, Edinburgh, the Trossachs.
7.	38	318.00	Montrose (from Montreal).	June 21	Duch. York	July 28	Bordeaux, Chateau Country, Paris, Brussels, London.

INSTITUTIONS IN EUROPEAN CITIES OF SPECIAL INTEREST TO CANADIAN NURSES

All of the cities listed are included in the official tours. Visits to any of the institutions named can be arranged for individuals and small groups if notice is given in advance. Such visits are not included in the tour fares as not every one will want them. Any extra expenses incurred must be borne by the individual.

BERLIN (Germany)
German Nurses Association.
Charity Hospital.
Rudolph Virchow.

BORDEAUX (France)
Nightingale School.

BRUSSELS (Belgium)
Edith Cavell—Marie de Page School.
Visiting Nurses Association.

COLOGNE (Germany)
Kaiserswerth.

DRESDEN (Germany)
Dr. Aberdott's School.
Museum of Hygiene.

DUBLIN (Ireland)
The Rotunda.

EDINBURGH (Scotland)
Royal Infirmary.
Lister Wards.

GENEVA (Switzerland)
International Council of Nurses.
International Red Cross.
League of Nations.

LYONS (France)
Charite Hospital and School of Nursing.

LONDON (England)
St. Thomas's Hospital.
International Course.
St. Bartholomew's Hospital.
Council of British Nurses.
College of Nursing.
Cowdray Club.
British Nurses Association.
British College of Nurses.
Midwives Institution.

PARIS (France)
The American Hospital.
La Maison Ecole d'Infirmies Privées.
Rue Amyot School.
Central School, Assistance Publique.
School of Puericulture, University of Paris.
Hospital Social Service.
Tomb of Pasteur.

VIENNA (Austria)
Kinder Klinik
Rudolph Wiener Haus.
Wilhelminen Spitel.

BOOK REVIEWS

CLINICAL EDUCATION IN NURSING: by Blanche Pfefferkorn, R.N., M.A., and Marion Rottman, R.N., B.S. Published by Macmillan Company, Toronto. Price $2.40.

This book is the report of a functional analysis, undertaken in Bellevue Hospital Nursing School, New York City, in 1930. It represents a difficult undertaking in the field of nursing research relating specifically to the two major concerns of the hospital nursing school namely, the efficient nursing care of patients and adequate clinical education of the student nurse.

It is a valuable contribution to nursing education, and hospital nursing service, and is deserving of much commendation. It represents an attempt to measure, through scientific methods, the necessary quantity and quality of nursing care, and further determines the clinical content available for the education of the students.

The scientific method of approach, in determining educational content, and psychological order, or sequence of experiences in nursing education, in hospital schools of nursing,—as in other professional fields—is the only reliable method whereby activities, their evaluation and selection, may be detemined, and incorporated into a professional curriculum. This book lays a scientific basis for determining necessary nursing service, and selection of experiences which are at all times educational to the student and upon such a basis student nurses are assigned to, and routed through particular services. It determines also the number of graduate nurses necessary for general duty, and the personnel of the teachng and supervisory staffs to meet nursing needs of patients, and educational needs of student.

This book should serve as a valuable guide, firstly, in building up the administrative, teaching and supervision aspects of clinical education in nursing school curricula, and secondly, in approaching and dealing with the whole problem of nursing service. It should therefore be studied and utilized by heads of nursing schools, who carry the dual responsibility of nursing education and nursing service, and it should be a purposeful guide to supervisors and head nurses, in developing a constructive educational programme for student nurses.

The report is unique in its clearness, and findings are well tabulated and classified, in the form of comprehensive tables and graphs. The logical order, in the arrangement of content is as follows: (i) Technique for measuring nursing quantitatively and qualitatively, (ii) Analyses of clinical teaching field of hospital and organisation of nursing service, (iii) Assignments and rotation on services and correlated instruction, (iv) Methods of determining the amount of supervision provided, (v) Job analysis as an administrative and educational tool

MARION LINDEBURGH
Assistant Director School for
Graduate Nurses, McGill University.

HEALTH AND HOME NURSING: by George Margaretta Douglas, RN. Published by G. P. Putnam's Sons, New York. Londan, 1932. Price $2.50

The author as a former Instructor in Teaching of Home Nursing and Child Care, Teachers College, Columbia University, must have appreciated the lack of a text book such as she has given us in Health and Home Nursing.

The content of the book is set forth in a clear and practical manner while the illustrations and charts are interesting and instructive. Each chapter ends with a list of questions and reading references, which should prove very helpful to any teacher of Home Nursing and the lists of essential classroom equipment for teaching found in the appendix should prove of the greatest assistance.

In the first four chapters Mrs. Douglas has given a brief resume of the early history of the health movement which will refresh one's memory in preparing introductory talks to groups. These chapters describe the gradual development of our modern ideas of sanitation and hygiene.

Next follows a chapter on "Health and Nursing in the World Today", touching upon the international, national and community aspect of nursing as we know it.

The remaining fourteen chapters beginning with "The Baby and Pre-School Child" and ending with "Occupations for the Sick" are devoted to the prevention of disease and the effect of such knowledge upon the health in the home; the growth and development of the normal child; the symptoms of illness; the care of the patient and various forms of nursing procedures. The important question of nutrition and the part correct feeding plays in the general health programme is duly stressed. Sufficient information about communicable diseases is given to enable the home nurse to look after the patient and to protect herself and others. The treatment of emergencies and first aid is outlined at considerable length and many practical suggestions given. The final chapter on "Occupations for the Sick" discloses many opportunities for the convalescent. This complete and authoritative presentation of thoughtfully prepared scientific information could well be included in the library of every public health nurse since the author never loses an opportunity to present the public health point of view. To teachers of Home Nursing in technical schools and in the Red Cross, it should be of extreme value while the students of home nursing as well as the public generally cannot but recognise in it a text book that will do much to improve the hygiene of the home and better the health of the family.

RUBY E. HAMILTON
Nursing Supervisor,
Ontario Red Cross.ç

FUNDAMENTALS OF PERSONAL HYGIENE by Walter W. Kreuger, Ph.B. Published by McAinsh & Co. Limited, Toronto, Price $2.00.

In a field not already supplied with suitable text books, Fundamentals of Personal Hygiene by Walter W. Kreuger, Ph.B., would be a most welcome discovery!

The topics discussed are inclusive and of practical interest in the everyday problems of healthful living. The positive aspects of health are emphasized and mental hygiene, or "the health of the mind" receives due place. The whole discussion is interesting and free from technicalities. The attractiveness of the book is enhanced by its pleasing format. The print is clearly legible and the illustrations appropriate. The topic outline at each chapter head, in addition to the detailed table of contents and an index, make the book convenient for reference.

In the last few years much has been written on the subject of personal hygiene. Books by recognized authorities in the field of medicine and public health deal most adequately with the present day concepts of health and the scientific basis of health practice. Any new production in this field must be evaluated in the light of this excellent material already available for use. It is from this point of view that one is compelled to question the value of this book. A survey of its contents indicates that there is no original contribution over and above that already present in books now widely known and used.

ISABEL MANSON PRINCE,
Assistant Director School for
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News Notes

Contributors to this Section are reminded that the address of the Journal is now 401 Crescent Building, Montreal, Que. Copy for this Section should reach the Editor not later than the twelfth of each month for ensuing issue.

ALBERTA

CALGARY: The regular monthly meeting of the Calgary Nurses Association was held in the Y.W.C.A. on November 15, the president, Miss P. Gilbert, presiding. Dr. E. G. Mason gave a most interesting and instructive lecture on "Mental Diseases." He explained some of the new methods of treatment in contrast to the old inhuman and superstitious ideas, and spoke of the success of these methods at Ponoka. Restraint and drugs are practically unused, and the desired results obtained by the use of continuous bath and hot and cold pack. Later, occupational therapy, beginning with the simplest forms of activity and proceeding to more involved work as the patient improves, gives to the mentally sick a chance to recover to some degree their normal mental processes. Dr. Mason also gave a few of the qualifications necessary in a nurse who undertakes the care of mental disease. A high grade of intelligence, with sympathetic firmness, quickness of observation, absolute lack of dictorial manner, ability to listen well, knowledge of when to talk and reason, a cheerful disposition and good health are a few of the desirable qualities. At the end of the lecture Dr. Mason kindly answered many questions and spoke of his interest in the Association from its beginning. A hearty vote of thanks was given and the desire expressed that at some future time Dr. Mason might spare time to again lecture to the Association.

Under the auspices of the C.A.G.N. a tea was held, recently, at the home of Mrs. Roy Buckley. A large number of nurses and their friends called during the afternoon.

EDMONTON: A meeting to organise the Alumnae Association of the School for Nurses, University Hospital, Edmonton, was held on October 21, 1932. The Committee previously appointed to draw up Constitution and By-laws reported, and after discussion and some minor changes the report was adopted. The following officers were elected to hold office until December, 1933:—Hon. Pres., Miss E. Fenwick; Pres., Miss K. Bowman; Recording Sec., Miss Q. Esdale; Corres. Sec., Miss M. Lundy; Treas., Miss J. Lees; Executive Committee, Misses C. White, M. Gordon and M. Melnyk. Meetings will be held monthly and it is hoped that a large number of the graduates will participate.

MANITOBA

MISERICORDIA GENERAL HOSPITAL, WINNIPEG: At the December meeting, members of the Alumnae Association enjoyed an interesting lecture with slides on Pneumothorax treatment given by Dr. Dougal McIntyre. Miss Sophie Smith (1930) will leave shortly for Brandon, where she will take up post graduate work at the Brandon Mental Hospital. The Alumnae are busy preparing for a dance to be held towards the end of January, 1933.

WINNIPEG GENERAL HOSPITAL, WINNIPEG: Miss Marjorie Gardner, 1927, is taking a post graduate course at the Royal Victoria Hospital, Montreal, P.Q. Miss Jessie Kerr, 1920, left on November 15 to spend the winter in Honolulu.

ONTARIO

DISTRICT 1

PUBLIC GENERAL HOSPITAL, CHATHAM: The London members of District No. 1, R.N.A.O., had a theatre night at the Grand Theatre, London, and raised over $400.00 for the Permanent Education Fund. Also, the registered nurses of St. Joseph's and Public General Hospitals, at Chatham, held a joint bridge party at the Public General Hospital Nurses Residence and raised over $40.00. The proceeds being for the Permanent Education Fund.

Misses Jean MacKenzie, B. McFarlane, A. Silverthorn of the staff of the Sarnia General Hospital, attended the Staff Nurses' Refresher Course at University of Toronto, the week of November 7. Misses Edna Orr, E. Mummery and Gertrude I. Myers of the staff of the Public General Hospital, Chatham, attended the Hospital Instructors and Administrators Refresher Course at University of Toronto, the week of November 7.

Miss M. Jacobs, Miss Mildred Walker and Mrs. Hedley Smith, London, were recent week-end guests of Miss Priscilla Campbell at the Chatham General Hospital.

DISTRICT 2

OWEN SOUND: Deep regret was expressed in nursing circles of Owen Sound, in the tragic death of Miss Eva Tanner in a motor accident, on November 26, while taking a patient to a doctor for treatment. Miss Tanner was a graduate of the Owen Sound

General and Marine Hospital and at the time of her death was assistant superintendent in a hospital at East Aurora, New York. Much sympathy is extended to Miss Cora Stewart in the loss of her father, recently.

BRANTFORD: On November 12, a most successful tea was held by the Alumnae Association of the Brantford General Hospital, in the Nurses Residence, in aid of the Community League Fund. The large number of guests were received by Miss E. M. McKee, Superintendent of the Brantford General Hospital, and Miss K. Charnley, President of the Alumnae Association. Mrs. D. A. Morrison was the capable convener of the tea. The affair was very successful and the sum of $70.00 was given to the Community League Fund after all expenses were paid.

DISTRICT 4

GENERAL HOSPITAL, HAMILTON: The annual bazaar of the Alumnae Association, in aid of the Sick Nurses Benefit Fund, was held in the Senior Residence, on November 19. The very gratifying sum of $225.00 was realised.

Miss Martha Watt has been appointed head nurse on Ward VII.

DISTRICT 5

Members of District 5 met at the Royal York Hotel on November 29. One hundred and eighteen sat down to supper in the Tudor Room, and many others came in later to hear the speakers, bringing the attendance up to about 150. With Miss Rhano Beamish, chairman of the district, presiding, minutes were read and reports presented, after which Miss Florence Emory, President of the C.N.A., and Miss Mary Millman, President of the R.N.A.O., addressed the meeting.

Miss Emory spoke of transportation plans for members planning to attend the I.C.N. and also mentioned the responsibility to be shared by the R.N.A.O. and District 5 when, in 1934, it's Toronto group will be the favoured hostess of the C.N.A. She announced the removal of the National Office from Winnipeg to Montreal, paying tribute to Miss Wilson, the Executive Secretary, who has also carried the responsibility of editorship for so long, while speaking with satisfaction of Miss Johns, who takes over full time editorship of The Canadian Nurse on January 1.

Miss Mary Millman drew the attention of the group to the necessity for increased membership and appealed for the interest and support for the work of the Joint Study Committee.

Miss Marjorie Bell told, in her interesting and humorous way, of the development of nutrition from the time of Nebuchadnezzar until the present day, of the valuable work which has been done along experimental lines and which must be interpreted to the public by the nursing profession.

Dr. Angus MacKay, who is attached to the staffs of Grace and Western Hospitals, Toronto, spoke on the Treatment and Diet for Diabetes, and showed some interesting slides at the close of his address.

A vote of thanks to the speakers was moved by Miss Edna Moore, seconded by Miss Ethel Greenwood.

TORONTO: The Alumnae of Hospital Instructors and Administrators of University of Toronto, entertained the present class at a children's party, held at Grace Hospital, November 1. The guests of honour were Misses Russell, Hiscock and Nagle. On November 11, the Alumnae held a re-union dinner at The Diet Kitchen. A number of out of town members who were in Toronto for the Refresher Course, held under the Department of Extension, University of Toronto, were present. Owing to the unavoidable absence of Miss Russell, Miss Nagle spoke about the New School of Nursing now being organised under the University of Toronto.

ST. JOHN'S HOSPITAL, TORONTO: The annual meeting of the Alumnae Association was held on November 7. Officers elected were: Hon. Pres., Sister Beatrice; Pres., Miss Susan Morgan; First Vice-Pres., Miss Nan Hetherington; Second Vice-Pres., Miss Kathleen Burtchall; Rec. Sec., Miss Helen Frost; Corres. Sec., Miss Margaret Creighton; Treas., Miss Winnifred Webb; Conveners of Committees: Entertainment, Miss Nettie Davis; Sick Visiting, Miss Gladys Patten; Press Representative, Miss Grace Doherty.

TORONTO WESTERN HOSPITAL: On December 2, 1932, the Alumnae Association held a bridge in the Edith Cavell Residence. Forty-three tables played. Lucky prizes were presented and refreshments served. Miss Olive McMurchy (1930) acted as Convener of arrangements.

TORONTO GENERAL HOSPITAL, TORONTO: Miss Nettie Fidler (1919) has been appointed Superintendent of Nurses at the Ontario Hospital, Whitby, Ont. Miss Mae Cardwell (1927) has returned to the staff of the Toronto General Hospital as a Teaching Supervisor on the surgical wards. Miss Viola Cardwell (1921) is at present taking post graduate work in the Cook County Hospital, Chicago, before undertaking her new work as Supervisor of the Department of Paediatrics in the Syracuse Memorial Hospital, Syracuse, N.Y.

Miss Jean Gunn entertained at a very delightful birthday tea for Miss Snively the day before her 85th birthday. Throughout the day, November 12, Miss Snively received visitors, congratulations and gifts. The gift of the Alumnae, a negligee, gave much pleasure as did also the footstool, presented by the graduate nurse staff of the Hospital. On the occasion of the tea, Miss Snively, in her gracious and queenly way, received the homage and best wishes of all who were privileged to attend.

Miss Cora Kilborn (1923) who has been in China for the past five years, is home on furlough and is enrolled in the Public Health Nursing Course at Toronto University.

The "Current Events" groups have been arranged for the graduate nurse staff through the courtesy of Miss Gunn and the trustees of the Hospital. Mrs. Ann Anderson Perry is the speaker and the Monday evening meetings are a source of particular pleasure as well as information.

Staff meetings of a professional nature have been arranged by Miss Gunn for one evening a month throughout the winter months. The speakers include Dr. Gardiner, on Physiotherapy; Professor W. E. Gallie, on Recent Advances in Surgery; Dr. E. P. Lewis, on Mental Hygiene; Dr. K. G. McKenzie, on Brain Surgery; Dr. G. H. Stevenson, on The Nursing Care of the Mentally Sick Patient; Dr. Shenstone, on Chest Surgery; Dr. Richards, on Cancer, and the final meetings will be devoted to a discussion of Recent Developments in the Hospital.

WOMEN'S COLLEGE HOSPITAL, TORONTO: The annual meeting of the Alumnae Association took place on the second Monday of November. The President owing to business pressure, announced she was unable to accept nomination for the ensuing year, to which very sincere regret was expressed. Mrs. Scullion very graciously accepted the chair for 1933—1935 an amendment being passed to allow members to hold office for three years instead of two as constitution required. The following officers were elected:—Hon. Pres.: Mrs. H. M. Bowman; Hon. Vice-Pres.: Miss Harriet Meiklejohn; Pres.: Mrs. Scullion; Past Pres.: Miss E. J. Henry; Vice-Pres.: Miss Flett; 2nd Vice-Pres.: Miss E. Clarke; Rec. Sec.: Miss J. Wagner; Cor. Sec.: Miss Grace Clarke; Treas.: Miss B. Fraser; Rep. to Central Registry: Miss W. Shaw, Miss Staiton; Rep. to National Council of Women: Miss Flett, Miss Worth; Rep. to District No. 5: Miss E. J. Henry, Miss T. Hawkes; Councillors: M. Chalk, W. Worth, V. Allen; Sick Visitor: Miss M. E. Roberts; Conveners of Committees, Social: Miss Mildred Shaw; Nomination: Miss V. Allen; Rep. to Canadian Nurse: Miss E. E. K. Collier. The members were pleased to have the Superintendent, Miss Meiklejohn present and who spoke on present day nursing problems. The Alumnae members are looking forward to a talk from Mrs. Heustis, a prominent member of the Hospital Board, who is to explain the importance of municipal voting or nursing sisters citizenship.

DISTRICT 6

District No. 6, R.N.A.O., held a most successful general meeting at the Nurses Residence, Nicholls Hospital, Peterboro, on October 25. The meeting was called to order by Miss R. Bell, Chariman. The roll call showed about forty-five present, representatives from Belleville, Port Hope, Cobourg, Bowmanville, Lindsay and Peterboro. Miss Bell extended greeting and a hearty welcome to all members. Reports presented were: A, Miss Fitzgerald; B, Miss Rundle; C, Miss Price; Organisation and Membership, Miss Anderson; Nursing Education, Mrs. Leeson; Private Duty, Miss Watson; Public Health, Miss MacKenzie; Publication, Miss Walsh; Nominations, Miss Rundle. The reports were encouraging and showed progress in every division of the district. In an excellent and instructive paper, Mrs. Leeson reported on the meeting of the Canadian Nurses Association in 1932. Two new members were accepted through transfer: Miss Young, Nicholls Hospital, from District 8, and Mrs. Mary Margaret Legg from District 9. A letter from the Secretary, R.N.A.O., suggesting that the annual meeting, R.N.A.O., in 1934, be postponed from Easter week until June 25, when a business meeting only will be held for one day preceding the Canadian Nurses Association General Meeting, scheduled for June 26-30, in Toronto. District No. 6 approved this plan. Each section is to be made responsible for contributions to the Nurse Education Fund, R.N.A.O. Paid-up membership is 86; funds in Bank, $33.33. The Executive for 1933 is: Chairman, Miss R. Bell, Port Hope; Vice-Chairman, Miss H. Anderson, Peterboro; Sec.-Treas., Miss L. Simmons, Peterboro; Sections: Private Duty, Miss M. Watson, Peterboro; Public Health, Miss M. MacKenzie, Lindsay; Nursing Education, Mrs. E. M. Leeson, Peterboro; Committees: Membership, Miss F. Fitzgerald, Belleville; Publications, Miss E. Walsh, Peterboro; Nominations, Miss Collier, Belleville; Mrs. LaPlante, Peterboro; Miss Black, Port Hope; Councillors: Miss Elliot, Port Hope; Mrs. Smyther, Bowmanville; Miss Gaden, Picton; Miss McIndoo, Belleville; Miss Morrison, Lindsay; Miss Price, Peterboro.

DISTRICT 10

The November meeting of District No. 10, R.N.A.O., was held in St. Joseph's Hospital, Port Arthur, with 27 members present. The members are always made welcome by the Sisters of the Hospital and a delightful social hour was enjoyed.

The annual meeting of District No. 10, R.N.A.O., was held on December 1st at the General Hospital, Port Arthur, with 30 members present. Prior to the general meeting the private duty nurses met with their Chairman, Miss S. MacDougall. Officers elected for 1933 were: Chairman, Miss Marion Edwards; Vice-Chairman, Miss Lovelace; Sec.-Treas., Miss Stewardson; Councillors: Misses Wilson, Hamilton, Elliott, Bell, Robinson and Flannagan. An interesting and witty paper, on "Hiccoughs," was read by Miss Hamilton. A social hour followed.

QUEBEC

JEFFERY HALE'S HOSPITAL, QUEBEC: The annual meeting of the Alumnae Association

was held in the Nurses Residence on November 7, at which the following officers were elected for the ensuing year: Hon. Pres., Mrs. S. Barrow; Pres., Miss G. F. Martin; First Vice-Pres., Miss E. Douglas; Second Vice-Pres., Miss E. Fitzpatrick; Recording Sec., Miss V. Hardy; Corres. Sec., Miss M. Fischer; Treas., Miss C. McHarg; Priv. Duty Section, Miss C. Walsh; Representative to The Canadian Nurse, Miss Nora C. Martin; Committees: Sick Visiting, Mrs. S. Barrow, Mrs. H. Buttimore; Refreshment, Misses M. Lunam and E. Douglas; Councillors, Mrs. M. Craig, Mrs. C. Young, Mrs. D. Jackson and Misses F. Imrie, H. MacKay and E. Fitzpatrick.

Miss Stella Longmore (1919) recently underwent an operation for appendicitis in Montreal, P.Q. Miss Sara Jamieson (1917), former superintendent of Galt Hospital, Galt, Ont., is now in charge of the Brampton Hospital, Brampton, Ont. A bridge in aid of the Sick Nurses Benefit Fund was held in the Nurses Residence on November 21, under the auspices of the Alumnae Association. It was well attended and proved a great success.

The formal opening of the new Nurses Residence of the Hospital, together with the graduation exercises of class 1932, took place in the Residence on October 6. Nine graduates received diplomas and pins. On the following night a dance and reception was tendered to the graduating class by the Lady Superintendent and students of the Hospital.

SASKATCHEWAN

Examinations for registration of nurses in Saskatchewan are held in the second week of January and June each year in Saskatoon, Regina and Moose Jaw, and are under supervision of the University of Saskatchewan.

THE OVERSEAS NURSING SISTERS' ASSOCIATION

CALGARY, ALTA.—The members of the Overseas Club attended the Memorial Services held at the Armouries and placed a wreath at the Cenotaph. In the afternoon, Miss Marion Tavell entertained the club at tea which was a farewell to Mrs. McGill, who, with Dr. McGill, is leaving for Ottawa where the latter has been appointed to the Department of Indian Affairs. Members of the unit are sorry to have Mrs. McGill leave Calgary but trust she will enjoy Ottawa. Two new members were welcomed: Mrs. Stanway (Nan MacLeod, No. IX, France) and Mrs. Harding Priest (Stella Bowlby, No. VII, Etaples, France). It is with sincere regret we announce the death of Mrs. Farr (Miss Clements) of Ottawa, which occurred in November at the General Hospital following an illness of about one month. Sympathy of Club members is extended to Mr. Farr and his family in Ottawa.

KINGSTON, ONT.—On Sunday, November 13, in observance of Armistice Day, a number of nursing sisters resident in Kingston, attended, in uniform, the annual garrison parade, held in St. George's Cathedral at 9.45 a.m. At 11 o'clock they also attended a special service, held at the R.C.H.A. Memorial at the south entrance to the City Park, during which Miss Wylie placed a wreath on the monument, on behalf of the Kingston Unit Overseas Nursing Sisters Association.

TORONTO UNIT Overseas Nurses' Association of Canada held its annual banquet at the Royal York Hotel, Toronto, on November 18, 1932. Major Gen. E. C. Ashton, C.M.G., V.D., and Mrs. Ashton, with Captain Sidney Lambart and Mrs. Lambart, were guests of honour of 108 members of the Unit. Through the kindness of Lt.-Col. Black and officers of the C.A.S.C., an orchestra and buglers added greatly to the enjoyment of the evening. After "Come to the Cook House Door" conversation became general at the various tables and memories of the long ago renewed. In addition to the guests of honour at the head table, there was Mrs. Jack Bell, President of the Unit, Matron Edith Rayside, who, with the president and twenty members of that Unit, had motored from Hamilton, Matron Hartley and Matron Edith Campbell. During the dinner the orchestra played many of the familiar and well loved songs of the war, and as the words came back to memory all joined lustily in song. After the toast to the King, the toast to Sisters who had lost their lives in service, was proposed; The Last Post was sounded and with lights dimmed all stood in silence until the notes of Reveille stole through the room. Miss Rayside, President of the Association for Canada, brought greetings and stressed the necessity of this large group realising its duty as advocates of world peace. Captain Lambart spoke most feelingly of the perpetuation of Remembrance Day throughout the Dominion in a spirit rather more serious than that of a mere holiday. Major General Ashton, Officer Commanding Military District No. 2, traced the history of the Canadian Army Medical Service from the North-West Rebellion of 1885 in an able and interesting address which he was kind enough to hand over to the Unit for publication in The Canadian Nurse for the benefit of other units. An informal reception followed the dinner, which was voted a great success.

VANCOUVER, B.C.: A large number of the members of the Vancouver Unit, Overseas Nursing Sisters Association of Canada, gathered in the York room of Hotel Georgia for their ninth annual reunion dinner on the evening of Armistice Day. All decoration was carried out in keeping with the memories of the occasion. Pipe Major Ross piped the guests in to dinner and also played The Lament in memory of the sisters who died overseas. During dinner, Miss Phebe Senkler and Mrs. Warren played several selections including some of the old war songs. Follow-

ing the toasts, a short programme was given by Mr. Colin Lawrence, who gave several short sketches reminiscent of overseas days and by vocal selections by Miss Isabel Gartshore.

Mrs. Ronald Haig (N.S. Vivien Petrie) has returned from Toronto and has again taken up her residence in Vancouver. Mrs. Gilson (N.S. G. Squire) of Regina, spent some time at the coast this summer, including a two weeks' holiday with Mrs. F. W. Clayton (N.S. Younghusband) at Gibson's Landing. Miss Marie Thompson of New York, who is staying with her mother in Los Angeles, motored to Vancouver this summer. Miss K. Conway Jones and Mrs. Shepherd have returned from their motor trip to Ontario.

VICTORIA, B.C. The Victoria Unit, Overseas Nursing Sisters Association of Canada, held its annual meeting at the Empress Hotel on Armistice Day, 1932. Sixteen members were present: Misses Louise McDonald, Jean Kay, Alice Williams, Ethel Morrison, Agnes Forbes, Ada Benvie, Mrs. Mary Hall Cavanagh, Mrs. Myrtle Sterret O'Leary, Mina Graighead, Beatrice Bradshaw, Edith Franks, Rose Lazenby, Mrs. Gwen Hutchinson Dewar, Mrs. Hannay, Mrs. Dixon and Mrs. Sutton. Election of officers for the year resulted as follows: Pres., Miss Louise McDonald; Vice-Pres., Miss Alice Williams; Sec.-Treas., Jean Kay. Discussion took place regarding the taking out of a Charter with the Canadian Legion but was left for decision at a later date owing to lack of information. A social hour followed, as members gathered around the tea table which was decorated with poppies for the occasion. Reminiscences were in order and many happy events of service days recalled.

NEWS FROM THE INTERNATIONAL ASSOCIATION OF HOSPITAL SPECIALISTS: The International Hospital Association whose developments are followed with increasing interest in every country, has organized from the end of September to the beginning of October of this year a first series of International Post Graduate Courses on Hospital Technique at the Frankfurt Municipal Hospital, attracting a large attendance of superintendents, physicians, matrons, architects and engineers, coming from 17 different countries. More than 30 internationally known specialists delivered lectures on important problems. Lively discussions followed their statements.

The lectures on kitchen management, hospital linen and laundry have been published—after being completed by interesting articles of other authors—in the October issue of "NOSOKOMEION", the official organ of the International Hospital Association. (Publisher W. Kohlhammer, Stuttgart.)

From June 28th to July 3rd, 1933, the Third International Hospital Congress will meet at Knocke s/Mer, on the Belgian coast. The Study Committees of the International Hospital Association will submit their reports to the Congress. The discussions will enable the Congress to draw the outlines of practical conclusions having an international value. A five-day study trip to the Netherlands will follow the Congress.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

CATHERWOOD—On November 19, 1932, at Hamilton, Ont., to Mr. and Mrs. Leslie Catherwood (Laura Moore, Hamilton General Hospital, 1930), a son.

CHRISTIE—On October 14, 1932, at Winnipeg, Man., to Mr. and Mrs. D. Christie (Marjorie Simpson, Winnipeg General Hospital, 1927), a daughter.

DOUPE—On October 9, 1932, at Wininpeg, Man., to Mr. and Mrs. C. S. Doupe (Frances Chaffey, Winnipeg General Hospital, 1926), a son.

JENSON—Recently at Agujin, Northern Nigeria, West Africa, to Mr. and Mrs. C. P. Jenson (Ina Mather, Hamilton General Hospital, 1928), a daughter.

KENDALL—On October 20, 1932, at Toronto, Ont., to Mr. and Mrs. Kendall (Mary Carson, Toronto General Hospital, 1921), a daughter.

MACCLELLAND—On October 10, 1932, at Toronto, Ont., to Dr. and Mrs. J. C. MacClelland (Alva Lewis, Toronto General Hospital, 1919), a daughter.

MELKONIAN—On October 19, 1932, at Gilroy, California, to Dr. and Mrs. Leon Melkonian (Beatrice Smithson, Lamont Public Hospital, Lamont, Alta., 1924), a son (Bruce Leon).

PARKINSON—On November 23, 1932, at Toronto, Ont., to Mr. and Mrs. Joseph E. Parkinson (Jean Hunter, Toronto Western Hospital, 1927), a daughter.

SELDON—Recently, at Oshawa, Ont., to Mr. and Mrs. Harold Seldon, of Toronto (Gladys Eaton, Oshawa General Hospital, 1929), a daughter.

SHAW—On October 20, 1932, at Midland, Ont., to Mr. and Mrs. Leonard Shaw, Hamilton (Autumn Durnford, St. Andrews Hospital, Midland, 1930), a daughter.

THOMPSON—In October, 1932, at Toronto, Ont., to Mr. and Mrs. Thompson (Esther Farragher, Toronto General Hospital, 1925), a daughter.

WOOD—On December 3, 1932, at Toronto, Ont., to Dr. and Mrs. Jas. H. Wood (Elizabeth Shortreed, Toronto Western Hospital, 1917), a son.

WEST—On October 17, 1932, at Toronto, Ont., to Mr. and Mrs. T. MacDonald West (Kathleen Stewart, Toronto General Hospital, 1924), a daughter.

WILSON—On October 12, 1932, at Toronto, Ont., to Mr. and Mrs. Wilson (Barbara Kennedy, Toronto General Hospital), a son.

WRAY—On November 11, 1932, at Sarnia, Ont., to Mr. and Mrs. Harvey Wray (Ethel Conkey, Sarnia General Hospital), a daughter.

MARRIAGES

ALLAN—SAUNDERS—On October 1, 1932, at Toronto, Ont., Minnie Saunders (Wellesley Hospital, Toronto, 1931), to Douglas Allen.

ANDERSON—HASSELL—On November 15, 1932, Ena Hassel (Vancouver General Hospital, 1926), to H. Anderson, Bamberton B.C.

APPLEBY—MacGREGOR—On October 20, 1932, at Toronto, Ont., Agnes Robertson MacGregor (Women's College Hospital, Toronto, 1930) to Bernard S. Appleby, of El Centra Darranca, Columba, South America.

BERG—COLQUHOLN—On October 22, 1932, at Deloraine, Man., Isabel Colquholn (Winnipeg General Hospital, 1929), to Alvin Berg, of Cold Lake, Alta.

BLEEKS—BYERS—In October, 1932, at Hamilton, Ont., Elizabeth Byers (Winnipeg General Hospital, 1929), to Dr. Cherry Knox Bleeks, of Winnipeg, Man.

CALVERLY—NORRIE—On October 12, 1932, Anne Norrie (Winnipeg General Hospital, 1928), to O. E. Calverly.

DUNDAS—HARTLEIB—In September, 1932, Elizabeth Hartleib (Kitchener and Waterloo Hospital, 1930) to Edward Dundas, London, Ont.

GUSSIN—BROWN—On October 26, 1932, at Nelson, B.C., Dorothy Brown (Royal Jubilee Hospital, Victoria, 1929), to Dr. J. R. Gussin, of Nelson.

HALL—GRAEF—In September, 1932, at Clifford, Ont., Gertrude Graef (Toronto General Hospital) to William Hall, of Hamilton, Ont.

HOLT—EDSTROM—Recently at Edmonton, Alta., Edith Edstrom (Lamont Public Hospital, Lamont, Alta., 1930), to Harvey Holt, of Beaver Crossing, Alta.

HUTCHINGS—LENNARD — On October 15, 1932, at Dundas, Ont., Constance Lennard (Toronto General Hospital, 1925), to George Hutchings, of Paget, Bermuda.

IRWIN—LINDSAY—In June, 1932, at Collingwood, Ont., Isobel Lindsay (Hospital for Sick Children, Toronto, 1929), to Dr. Dudley Irwin. Residing in Toronto, Ont.

JOYCE—McINTYRE—In August, 1932, Vera McIntyre (Kitchener and Waterloo Hospital, 1931), to Edward Joyce, of Waterloo.

KLINKMAN—SIPPEL—On September 7, 1932, Laura M. Sippel (Stratford General Hospital, 1930), to Wilfred Klinkman, of Elmira, Ont.

KURTZ—WEINS—On October 20, 1932, at Los Angeles, California, Mrs. Susie Weins (Winnipeg General Hospital, 1926), to W. C. Kurtz.

LaFLAIR—CLARK—In October, 1932, at Toronto, Ont., Edna Clark (Toronto General Hospital, 1930), to Arthur LaFlair.

LAVERY—FIRTH—In July, 1932, Marjorie Firth (Owen Sound General and Marine Hospital, 1928) to Roland Lavery, of Owen Sound, Ont.

LEYSTON—BLADES—In September, 1932, Jeanette Blades (Kitchener and Waterloo Hospital, 1931), to Ralph Leyston.

LIMBERT—MERRIAM — On November 11, 1932, at Chatworth, Lenore Merriam (Owen Sound General and Marine Hospital, 1932), to Horace Limbert.

LITTLE—KEZAR—On October 25, 1932, Ellen Kezar (Jeffrey Hale's Hospital, Quebec, 1928), to Robert Little, of North Hatley, P.Q.

LITTLE—MONTAGUE—On November 2, 1932, Bertha L. Montague (Royal Jubilee Hospital, Victoria, B.C., 1928), to Thos. Little.

LONDEN—BARTLE—In October, 1932, at Brantford, Ont., Frances Bartle (Toronto General Hospital), to Arthur Londen, of Toronto, Ont.

MICHELMORE—McCLINCHY—On November 5, 1932, at Toronto, Ont., Kathleen McClinchy (St. Andrew's Hospital, Midland, 1929), to Reginald Michelmore, of Toronto.

MORDEN—PEARSON—On September 20, 1932, at Waterdown, Ont., Mary Pearson (Toronto General Hospital, 1927), to Albert Morden, of Oakville, Ont.

MORGAN—HICKS—Recently, at Orillia, Ont., Ivy A Hicks (Homœopathic Hospital of Montreal, 1929), to Dr. G. S. Morgan. Residing in Westmount, Que.

NEWELL—MacFARLANE—On April 23, 1932, at Victoria, B.C., Evelyn MacFarlane (Royal Jubilee Hospital, Victoria, 1928, to Ronald G. Newell, of Montreal

PAGE—HESK—On September 11, 1932, Audrey Hesk (Wellesley Hospital, Toronto, 1931), to Jack Page, Iroquois Falls, Ont.

PATTERSON—CASS—Recently, at Quebec, P.Q., Elizabeth Cass (Jeffrey Hale's Hospital, Quebec, 1932), to Harry Patterson.

POLLARD—PAYNE—In June, 1932, at Victoria, B.C., Audrey Payne (Royal Jubilee Hospital, Victoria, 1928), to Fred C. Pollard, of Shanghai.

PORTER — McEACHERN — Recently, in Toronto, Ont., Marybelle McEachern (Oshawa General Hospital, 1926), of Mount Forest, to Sydney B. Porter. Residing in Toronto.

ROLPH—McKINNON—On November 29, 1932, Kathleen McKinnon (Wellesley Hospital, Toronto, 1929), to Harry Rolph, of Claremount, Ont.

SEXSMITH—FIFE—On November 25, 1932, at Toronto, Ont., Audrey Fife (Wellesley Hospital, Toronto, 1931), to Ronald Sexsmith.

SHOLDICE—McDOWELL—On October 7, 1932, E. Gwendolyn McDowell (Stratford General Hospital, 1929), to Wallace M. Sholdice, of St. Catharines, Ont.

SMITH—CLEE—In September, 1932, at Detroit, Michigan, Muriel Clee (Winnipeg General Hospital, 1928) to George F. Smith.

SMITH—JOHNSTON—On April 20, 1932, at Victoria, B.C., Lillian Johnston (Royal Jubilee Hospital, Victoria), to Charleton Smith, of Victoria.

SMITH—WAINWRIGHT—On September 6, 1932, at Toronto, Ont., Dorothy Wainwright (Hospital for Sick Children, Toronto, 1927), to John Smith, of Toronto.

SNOWDEN—COOK—On November 11, 1932, at Cannington, Ont., Inez Cook (Oshawa General Hospital, 1927), to Ronald Redvers Snowden. Residing in Oshawa.

SWEAT—BAILLIE—On August 28, 1932, at Victoria, B.C., Bertha Baillie (Royal Jubilee Hospital, Victoria, 1923), to A. W. Sweat, of Victoria.

TAYLOR—McDONAGH—In September, 1932, at Toronto, Ont., Anna McDonagh (Nicholls Hospital, Peterborough, 1932), to Roy D. Taylor, of Peterborough, Ont.

TAYLOR—WINSDALE—Recently, Helen Winsdale (Stratford General Hospital, 1931), to Edward Taylor, of Stratford, Ont.

UNGER—CAMPION—On October 29, 1932, at Brantford, Ont., Maud Campion (Hamilton General Hospital), to Fred Unger, Sr., of Brantford, Ont.

WIGGINTON—AIKMAN—On October 8, 1932, at Winnipeg, Man., Margaret Aikman (Winnipeg General Hospital, 1929), to Lawrence Wigginton.

WILSON—McREYNOLDS — In October, 1932, at Calgary, Alta., Georgina (Jay) McReynolds (Owen Sound General and Marine Hospital, 1918), to Alexander Wilson.

DEATHS

FIRBY—Recently at Oklahoma City, Oklahoma, U.S., Eileen Trew, (Montreal General Hospital 1907), wife of J. G. Firby of Oklahoma City. Mrs. Firby was born in New Westminster, B.C. and the daughter of the late Dr. Charles Trew. She was a most successful nurse and interested in everything pertaining to her profession. Miss Trew was President of the Vancouver Graduate Nurses Association, and charter member of the Graduate Nurses Association of British Columbia.

TANNER—Suddenly on November 26,1932, at Watertown, N.Y., Eva Tanner, (Owen Sound General and Marine Hospital), class 1926.

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—THE LAMP.

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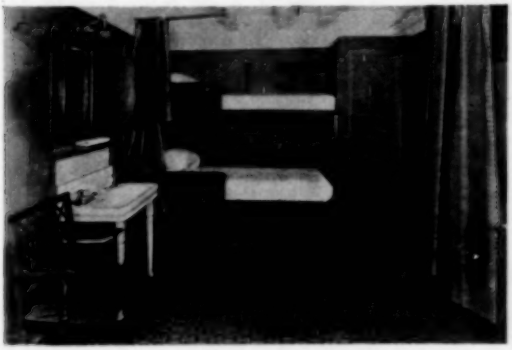

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